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COUNTY BOROUGH OF GRIMSBY

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# ANNUAL REPORT

OF THE  
**Medical Officer of Health**  
FOR THE YEAR  
**1954**

---

INCLUDING REPORT ON THE  
**SCHOOL HEALTH SERVICE**

RICHARDSONS & COPPIN, Ltd., Printers, GRIMSBY.





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## GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1954)

His Worship the Mayor

ALDERMAN W. HARRIS, J.P.

*Chairman*

COUNCILLOR W. J. MOLSON

*Deputy Chairman*

COUNCILLOR W. R. BRUMBY

*Aldermen*

J. H. FRANKLIN

J. C. B. OLSEN

F. G. GARDNER

C. H. WILKINSON, M.B.E., J.P.

C. W. HEWSON, J.P.

W. H. WINDLEY

MRS. M. LARMOUR

*Councillors*

A. BRADLEY

A. W. KENNINGTON

G. T. CHARNOCK

M. LARMOUR

A. H. CHATTERIS

MISS J. B. B. McLAREN

T. DAWSON

E. W. MARSHALL

MRS. D. E. HUXFORD

J. P. MURPHY

C. W. JAKES, J.P.

MISS J. M. PEARSON

J. R. JEPSON

T. W. SLEEMAN

A. E. KELHAM

T. F. SMITH

and the following Co-opted Members:—

DR. J. COTTRELL, J.P.

MR. C. W. SPENDELOW

DR. E. A. ROBERTSON

MRS. E. M. THOMPSON

MR. R. C. BELLAMY

MR. R. WOOD

## SUB-COMMITTEES OF THE HEALTH COMMITTEE

## FINANCE AND BUILDINGS:—

COUNCILLOR DAWSON (*Chairman*); COUNCILLOR BRUMBY (*Deputy-Chairman*); ALDERMEN FRANKLIN AND OLSEN; COUNCILLORS BRADLEY, CHARNOCK, JAKES, KENNINGTON, MARSHALL AND MOLSON.

*Co-opted Members*:—MESSRS. W. BACON, R. C. BELLAMY, A. CUCKSON, F. C. NORTHCOTE AND C. W. SPENDELOW.

## MATERNAL AND CHILD WELFARE:—

ALDERMAN MRS. LARMOUR (*Chairman*); COUNCILLOR MISS McLAREN (*Deputy-Chairman*); ALDERMEN OLSEN AND WINDLEY; COUNCILLORS BRUMBY, DAWSON, MRS. HUXFORD, JEPSON, MOLSON AND MISS PEARSON.

*Co-opted Members*:—MESDAMES A. BLOOM, M. CRESSWELL, F. W. MORRIS AND L. NICHOLLS; DR. E. J. THOMSON.

## MENTAL HEALTH:—

COUNCILLOR MOLSON (*Chairman*); ALDERMAN MRS. LARMOUR (*Deputy-Chairman*); ALDERMEN GARDNER AND WINDLEY; COUNCILLORS BRADLEY, BRUMBY, CHATTERIS, MURPHY, MISS PEARSON AND SMITH.

*Co-opted Members*:—MESDAMES A. BLOOM, L. NICHOLLS, E. M. THOMPSON AND A. B. TURNER; DR. D. A. MACLEOD.

## PERSONAL HEALTH:—

ALDERMAN WILKINSON (*Chairman*); COUNCILLOR DAWSON (*Deputy-Chairman*); COUNCILLORS BRUMBY, MRS. HUXFORD, JAKES, KELHAM, LARMOUR, MARSHALL, MISS McLAREN AND MOLSON.

*Co-opted Members*:—MESDAMES A. B. TURNER AND J. A. WOOD; MESSRS. T. MUMBY, P. R. ROBINSON AND DT. T. BARROWMAN.

## SANITARY:—

ALDERMAN GARDNER (*Chairman*); COUNCILLOR SLEEMAN (*Deputy-Chairman*); ALDERMEN HEWSON AND OLSEN; COUNCILLORS BRUMBY, DAWSON, JEPSON, MARSHALL, MOLSON AND SMITH.

*Co-opted Members*:—MESSRS. A. CUCKSON, N. HOPPER, T. HUNT, AND A. C. PARKER; COUNCILLOR KENNINGTON.

## LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

### LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock &c.) Act, 1929.
- The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
- The Grimsby Corporation Act, 1949.

### ADOPTIVE ACTS.

- The Public Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Part II, IV, VI, & X).
- The Public Health Act, 1925, (Sections 13 to 33 and 35 of Part II).

### BYE LAWS.

- Provision of means of escape in case of fire in factories in the Borough, 1921.
- Nuisances, 1923.
- Premises where food is prepared or cooked, 1926.
- Tents, Vans, Sheds and Similar structures, 1926.
- Conduct of persons waiting in streets to enter public vehicles, 1930.
- Smoke Abatement, 1936.
- New Streets, 1937.
- Nursing Homes, 1937.
- Seamen's Lodging Houses, 1938.
- Slaughter Houses, 1939.
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- Fouling of footpaths by Dogs, 1942.
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- Handling and Wrapping of Food, 1948.
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- Power Driven Model Aircraft, 1952.
- Hackney Carriages, 1952.
- Brighowgate Bus Station, 1953.
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### LOCAL REGULATIONS.

- Grimsby Port Health Authority Regulations.
- Projections in Public Streets, 1922.
- Street Collections, 1923.
- Scartho Road Cemetery, 1951.
- Grimsby Public Library, 1953.
- Grimsby Crematorium, 1954.



## STAFF OF THE HEALTH DEPARTMENT, 1954.

### MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER.

R. GLENN, M.B., B.Ch., B.A.O., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

### SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNAL AND CHILD WELFARE—

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

### ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS—

J. G. J. COGHILL, M.B., Ch.B., (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

MARGARET M. EDMONDSON, M.B., Ch.B. (from 1.2.1954).

### SANITARY INSPECTORS.

H. PARKINSON, 1, 2. *Chief Sanitary Inspector.*

A. MANSON, 1, 2. *Deputy Chief Sanitary Inspector.*

W. W. REED, 1, 2. *Senior District Inspector.*

S. F. BURKITT, 1, 2.

G. A. BOANAS, 1, 2. (Resigned 31.10.1954).

J. R. FISHER, 1, 2.

F. HOLMES, 1, 2. (Resigned 11.4.1954).

A. F. C. KENT, 1, 2. (Resigned 30.5.1954).

G. H. COOPER, 1, 2. (Resigned 6.6.1954).

S. MASTIN, 1, 2. (from 1.6.1954).

also 1 disinfecter, 1 assistant disinfecter and 3 rat catchers.

### HEALTH VISITORS.

MISS M. KELLY, 3, 4, 5. *Superintendent.*

MISS E. M. TIPPLER, 3, 4, 5.

MISS M. C. BUGG, 3, 4, 5.

MRS. I. HALDANE, 3, 4, 5.

MRS. M. B. WHEATLEY, 3, 4, 5. (Resigned 4.9.1954).

MISS J. D. M. VARRIE, 3, 4, 5.

MISS K. CORR, 3, 5.

MISS J. BELL, 3, 4, 5.

MISS K. L. SPENCER, 3, 4, 5.

MRS. M. REDSTON, 3, 4, 5. (Resigned 24.5.1954).

MISS M. COOLING, 3, 5.

MRS. I. R. ADAMSON, 3, 4, 5. (from 1.8.1954).

MRS. J. HAVERCROFT, 3, 4, 5. (part-time, from 8.3.1954).

### CLINIC NURSES.

MRS. M. C. OLDFIELD, 3, 4. (Resigned 26.9.1954).

MRS. G. WHITEHALL, 3. (from 27.9.1954).

MRS. I. D. MILLS, 3, 4. (from 22.11.1954).

### STUDENT HEALTH VISITOR.

MISS M. COWIE, 3.

### TUBERCULOSIS VISITORS.

MISS D. ATKIN, 3, 4, 5.

MRS. R. DONSON, 3, 4. (part-time).

## HOME NURSING SERVICE.

MISS F. ENGLEDOV, 3, 4, 5. *Superintendent and Non-Medical Supervisor of Midwives.*

MISS N. PLANT, 3, 4. *Assistant Superintendent.* (Resigned 14.2.1954).

MRS. A. T. LAWE, 3, 4. (from 1.12.1954).

MRS. F. B. STEELE, 3, 4. (retired 9.8.1954).

MRS. B. BILLINGHAM, 3.

MR. V. TOWRISS, 3.

MR. A. R. BREWIN, 3. (from 1.6.1954).

MRS. J. HARPER, 3.

MRS. S. M. HIGSON, 3, 4. (Resigned 2.5.1954).

MRS. I. PULFORD, 6.

MRS. T. BIRKETT, 3, 4.

MRS. C. J. F. FOULGER, 3, 4.

MRS. F. M. WELLS, 3. (from 31.5.1954).

MISS S. J. DAY, 6. (from 15.6.1954).

MRS. W. L. DAVEY, 3. (from 1.11.1954).

MRS. P. R. VINE, 3. (from 1.11.1954); and two part-time nurses.

## MUNICIPAL MIDWIVES.

MISS D. G. INKPEN, 3, 4.

MISS C. TIERNEY, 3, 4.

MISS R. SMITH, 3, 4.

MISS E. BAXTER, 3, 4.

MISS G. A. BAXTER, 3, 4.

MISS D. M. DAWSON, 3, 4.

MRS. K. M. BIRKETT, 3, 4.

MRS. C. WESTACOTT, 3, 4.

MRS. M. QUINN, 3, 4.

MISS C. E. CARTWRIGHT, 3, 4.

## AMBULANCE SERVICE.

E. BROWN, Ambulance Officer; and staff of 26.

## MENTAL HEALTH SERVICE.

MISS E. M. WOULD, *Senior Mental Health Worker.*

MISS P. M. BOWMER, *Mental Health Worker.* (Resigned 12.10.1954).

MISS J. C. BREMNER, *Mental Health Worker.* (from 4.1.1954).

L. C. RACKHAM, *Duly Authorised Officer.*

G. W. A. MACKENZIE, *Duly Authorised Officer.*

MISS M. E. TROTTER, *Clerk.* (Resigned 4.9.1954).

MISS J. E. ALLEY, *Clerk.* (Resigned 18.12.1954).

MISS G. J. PEARSON, *Clerk.* (from 1.9.1954.)

MISS V. OSBORNE, *Clerk.* (from 1.1.1955).

## OCCUPATION CENTRE STAFF.

MISS E. PATERSON, *Supervisor.*

MRS. A. E. COOK, *Assistant Supervisor.*

MRS. L. A. WILLERTON,

MISS M. H. BARKER,

## DOMESTIC HELP SUPERVISOR:—MISS L. BLACKBURN.

ALMONER:—MISS A. GREENSTOCK, A.M.I.A.

SOCIAL WORKER:—MISS M. COMYNS.

## CLERKS.

T. E. DAVIDSON, *Chief Clerk.*

W. R. GALE.

D. AMERY.

MISS D. H. MOLTON.

MISS P. D. GRAY.

MISS F. M. BROWN.

S. NASH, (*Sanitary Sub-Department*).

T. H. R. JOHNSON, (*Sanitary Sub-Department*).

MRS. J. ISITT, (*Sanitary Sub-Department*).

MRS. J. A. POTTER, (*Maternal and Child Welfare Sub-Department*).

MISS M. E. MOORE, (*Maternal and Child Welfare Sub-Department*).

MISS S. WILLING, (*Maternal and Child Welfare Sub-Department*).

MISS R. HANNAH, (*Maternal and Child Welfare Sub-Department*).

MRS. I. SMITH, (*Welfare Foods Distribution Centre*).—from 12.7.1954.

MRS. J. CHADDERTON (*Welfare Foods Distribution Centre*—from 12.7.1954).

MISS I. HOLDEN, (*Almoner's Service*).

MISS B. N. DOUGHTY, (*Domestic Help Service*).

1. Sanitary Inspector's Certificate.
2. Meat Inspector's Certificate.
3. State Registered Nurse.
4. State Certified Midwife.
5. Health Visitor's Certificate.
6. State Enrolled Assistant Nurse.

## INTRODUCTION.

*To the Mayor, Aldermen and Councillors of Grimsby County Borough.*

I have the honour to present the Annual Health Report for the year 1954. On the whole it has been a good year with no serious epidemics, apart from a wave of mild influenza which arrived towards the latter end.

The vital statistics show a steady birth rate above the national average, no maternal deaths, a very slight increase in the death rate (chiefly the aged), and the lowest infant mortality on record for Grimsby. This is a most gratifying result, especially in view of my comments in last year's report. The fall is statistically significant and unlikely to have arisen by chance. With a continuing increase in the number of health visitors, better care of the premature, and extending the district nursing service to the sick infant even a lower figure must be our goal.

A slight increase in the deaths from lung cancer is disconcerting because it was hoped that the rise had reached its peak. Until the real cause of cancer is discovered any explanation is necessarily open to controversy. Careful records clearly show that the risk is greatest amongst males who themselves smoke or live in a smoke polluted atmosphere, but why do these same factors not affect the females ?

The death rate from tuberculosis continues to fall, but there is no corresponding decrease in the notification of new cases, although the number notified after death has shown a marked improvement on last year's figure. B.C.G. vaccination, better housing and health education are all being carried out vigorously by this Authority, but it will be many years before the full effects become noticeable in the statistics.

Scarlet fever diminished rapidly towards the end of the year, but the epidemic of chicken pox continues. There were no cases of diphtheria, and by a special immunisation drive the very satisfactory total of 76 per cent. protected has been obtained.

Although Grimsby, a port, is at special risk regarding smallpox yet parents are resistant to vaccination. The year's figure of 21 per cent. is the highest on record for the Borough. This is the general attitude in most areas and the Minister of Health has recently issued a circular urging greater efforts by all concerned.

The work of the home nursing and home help services continues to increase, particularly with the ever growing numbers of the aged, sick and infirm. Many of these unfortunate people receive insufficient care either because there are no relatives available to assist them, or because they are unwilling to do so. On the other hand, many do make a real effort, but eventually reach breaking point. Incontinence and senile dementia, either alone or combined, constitute the greatest strain on those attending to the needs of the aged. Yet a proportion do not qualify for a hospital bed because their condition is either incurable or due entirely to lack of

proper meals and general care. Often this position arises because they adamantly refuse offers of help, have a strong sense of independence, and a morbid fear of entering a hospital or hostel. The compulsory removal of some of these old folk under Section 47 of the National Assistance Act would certainly hasten their death because of the emotional strain occasioned by removing them against their will to strange surroundings. These and other sociological problems associated with old age constitute an ever increasing challenge to all sections of the community.

Due to the efforts of Grimsby County Borough Council several large firms are erecting factories in the area, which when completed ought to reduce the unemployment figure quoted in the body of this report.

I am pleased to state that the relationships between the local health authority and the other sections of the National Health Service continue on a friendly basis of co-operation.

Likewise, I am grateful for the unstinted assistance I receive from my colleagues in the other departments of local government, and for the loyal service of the staff of the Health Department.

To the Chairman and members of the Health Committee I extend my sincere thanks for the courtesy, consideration and help which have been shown to me at all times.

R. GLENN,

*Medical Officer of Health.*

HEALTH DEPARTMENT,

1, Bargate, Grimsby.

June, 1955.

**PART I.**

**STATISTICS AND SOCIAL CONDITIONS.**

**Summary of Statistics**

**Population**

**Births**

**Deaths**

**State of Employment**



## SUMMARY OF STATISTICS.

## COUNTY BOROUGH OF GRIMSBY.

Area (in acres)—excluding foreshore .....	5,468
Registrar-General's estimate of population, mid-1954 .....	93,670
Number of inhabited houses (end of 1954) according to Rate Books .....	27,632
Rateable value .....	£589,370
Sum represented by a penny rate .....	£2,356

## EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live births:—	Males	Females	Total.			
Legitimate ..	857	752	1609	}	Birth Rate ..	18.1
Illegitimate	44	47	91			
	<u>901</u>	<u>799</u>	<u>1700</u>			

Adjusted birth rate (Area comparability factor 1.01) ..... 18.3

## Still births:—

Legitimate ..	22	20	42	}	Rate .. ..	0.46*
Illegitimate	2	—	2			
	<u>24</u>	<u>20</u>	<u>44</u>			

Deaths .. .. 606 481 1087      Death Rate .. 11.6

Adjusted death rate (Area comparability factor 1.05) ..... 12.1

Number of women dying in, or in consequence of childbirth .. 0

## Death rate of infants under one year of age per 1,000 live births:—

Legitimate 24.8;	Illegitimate 20.9 ;	Total 24.7
(40 deaths)	(2 deaths)	(42 deaths)

	Number	Rate
Deaths from measles .. .. .	0	0.00
„ whooping cough .. .. .	1	0.01
„ diphtheria .. .. .	0	0.00
„ respiratory tuberculosis .. .. .	21	0.22
„ other tuberculous diseases .. .. .	1	0.01
Total tuberculosis deaths .. .. .	22	0.23
Deaths from cancer .. .. .	200	2.13
Deaths from influenza .. .. .	2	0.02

\* 25.8 per 1,000 total (live and still) births.

## STATISTICS AND SOCIAL CONDITIONS.

**Population.**—The Registrar General's estimate of the home population of Grimsby at mid-year 1954 was 93,670, an increase of 370 on his estimate for the previous year. The natural increase of the population i.e., the excess of live births over deaths, was 613.

**Births.**—There were 1,700 live births (901 males and 799 females), giving a birth rate of 18.1 per thousand of the home population.

The adjusted birth rate for Grimsby County Borough (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.01) was 18.3, compared with 15.2 for England and Wales. Table 2 at the end of this report gives the rates over a period of years compared with those for England and Wales.

Ninety-one (5.3 per cent.) of the births were illegitimate. The illegitimacy rate was 53.5 per thousand live births: for England and Wales it was 46.

**Still Births.**—Forty-four still births were registered, giving a rate of 0.46 per thousand of the population. The rate expressed per thousand total (live and still) births was 25.8, while for England and Wales it was 23.4.

**Deaths.**—There were 1,087 deaths (606 males and 481 females), equal to a death rate of 11.6. The adjusted death rate for Grimsby calculated by multiplying the crude death rate by the Registrar General's comparability factor of 1.05) was 12.1, compared with 11.3 for England and Wales. Table 3 gives the local and national rates over a period of years.

Six hundred and fifty persons—comprising residents and non-residents—died in institutions in the borough, equivalent to 59 per cent of the total deaths.

Six hundred and fifty five persons died at 70 years of age and upwards, the numbers at age periods being:—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years	117	79	196
„ 75 and under 80 years	94	105	199
„ 80 and under 85 years	75	76	151
„ 85 and under 90 years	34	36	70
„ 90 and over	12	27	39

This is equal to 60 per cent of the total deaths.

Table 5 at the end of this report, giving the causes of death in age periods, was prepared in the Health Department from information supplied weekly by the registrar. The classification does not differ materially from that received from the Registrar General on 20th April, 1955.

**Infant Mortality.**—There were 42 deaths of infants under one year of age, giving an infant mortality rate of 24.7 per thousand live births, which is the lowest rate ever recorded in Grimsby. The corresponding figure for England and Wales was 25.5., the lowest ever recorded in this country. It was 1.3 per thousand below that for 1953, the previous lowest.

**Neo-natal mortality.**—Thirty of the 42 deaths recorded above were of infants under 4 weeks of age, representing a neo-natal mortality rate of 17.6 per thousand live births. The corresponding rate for England and Wales was 17.7.

**State of Employment.**—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons 18 years of age and over in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the Grimsby Rural District. Separate figures are not available.

Total live register in January, 1954			
(males 973; females 361)	..	..	1,334
Total live register in July, 1954			
(males 631; females 109)	..	..	740
Total live register in December, 1954			
(males 837; females 222)	..	..	1,059

These figures include temporarily stopped claimants.

The number of people known to have left Grimsby permanently to take up employment in other areas (excluding daily travel) was 126.

**Rainfall.**—The total rainfall recorded during the year was 26.20 inches (19.29 in 1953), and the heaviest fall was 1.06 inches on 23rd August, 1954.

PART II.

PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES

Notifiable infectious diseases.

Cancer.

Tuberculosis.

Venereal diseases.

### NOTIFIABLE INFECTIOUS DISEASES.

The incidence of notifiable diseases (other than tuberculosis) was as follows:—

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet fever .. ..	120	24	—
Typhoid fever .. ..	3	3	—
Acute pneumonia .. ..	42	13	57
Meningococcal infection ..	2	2	1
Ophthalmia neonatorum ..	2	—	—
Puerperal pyrexia .. ..	7	3	—
Erysipelas .. ..	15	4	—
Chicken pox .. ..	911	3	—
Measles .. ..	72	4	—
Whooping Cough .. ..	269	7	1
Acute rheumatism .. ..	15	4	—
Food poisoning .. ..	14	1	—
Dysentery .. ..	69	13	—
Acute encephalitis, infective	1	1	—
Totals .. ..	1,542	82	59

No notifications were received of other notifiable diseases not specified in the table above (e.g., diphtheria).

Table 4 on page 76 gives an analysis of the total notified cases under various age groups and in Wards.

**Measles.**—Only 72 notifications of measles were received, compared with 1,746 the previous year. The attack rate for Grimsby was 0.76. Four of the cases were treated in Springfield Hospital. There were no deaths.

**Whooping Cough.**—269 notifications of whooping cough (123 males and 146 females) were received. The attack rate was 2.87. Seven cases were treated in hospital. One death occurred locally.

**Scarlet Fever.**—120 notifications of scarlet fever were received relating to 59 males and 61 females. The local attack rate was 1.28. Twenty four of these cases were treated in Springfield Hospital.



The following table shows the comparative prevalence of scarlet fever over a period of ten years:—

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1945	78,030	76	0.97	—	—	—	50	65.7
1946	86,340	55	0.63	—	—	—	41	74.5
1947	89,190	119	1.33	—	—	—	80	67.2
1948	91,060	263	2.88	1	0.38	0.01	96	36.5
1949	91,250	213	2.33	1	0.46	0.01	77	36.1
1950	93,240	126	1.35	—	—	—	38	30.1
1951	93,250	65	1.69	1	1.53	0.01	20	30.7
1952	93,200	74	0.79	—	—	—	26	35.1
1953	93,300	162	1.73	—	—	—	27	16.6
1954	93,670	120	1.28	—	—	—	24	20.0

**Diphtheria.**—No cases of diphtheria were notified in 1954.

The table appended shows the prevalence of Diphtheria over a period of ten years:—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1945	78,030	53	0.67	1	1.88	0.01	52	98.1
1946	86,340	31	0.35	1	3.22	0.01	31	100.0
1947	89,190	21	0.23	1	4.75	0.01	21	100.0
1948	91,060	23	0.25	1	4.34	0.01	23	100.0
1949	91,250	8	0.08	1	12.50	0.01	7	87.5
1950	93,240	0	—	—	—	—	—	—
1951	93,250	10	0.10	1	10.00	0.01	10	100.0
1952	93,200	5	0.05	—	—	—	5	100.0
1953	93,300	1	0.01	—	—	—	1	100.0
1954	93,670	0	—	—	—	—	—	—

**Typhoid Fever.**—3 cases were notified, all being admitted to Springfield Hospital for treatment. Two of the cases were members of the same household, the mother aged 40 years and a daughter of 8 years of age. The third case was a female aged 25 who was engaged as a laboratory technician. No source was traced and no further cases developed.



**Pneumonia.**—42 notifications were received—33 of primary pneumonia and 9 of influenzal pneumonia. The local attack rate was 0.44. Thirteen of these cases were treated in hospital. 57 deaths were ascribed to all forms of pneumonia, giving a local death rate from this cause of 0.60; for England and Wales it was 0.41

**Meningococcal Infection.**—Two cases were notified relating to female infants of 7 months and 18 months respectively. Both were treated in hospital. The attack rate was 0.02.

**Ophthalmia Neonatorum.**—Only 2 cases of this disease were reported. The services of a nurse are offered by the local authority in all cases nursed at home.

**Puerperal Pyrexia.**—7 notifications of puerperal pyrexia were received. The attack rate per thousand total live and still births was 4.01. When a case is nursed at home the services of a district nurse are offered by the local authority. Three of the cases notified were treated in hospital.

**Erysipelas.**—15 cases of erysipelas were notified—3 males and 12 females. The local attack rate was 0.16. Four cases were admitted to hospital for treatment.

**Chicken Pox.**—This disease was again prevalent, there being 911 cases (472 males and 439 females) notified, compared with 1,008 the previous year. Three cases were removed to hospital for treatment.

**Rheumatism.**—The Acute Rheumatism Regulations of 1953 require the notification of cases of rheumatism under 16 years of age occurring in specified parts of England.

Fifteen such notifications were received relating to 5 boys and 10 girls in Grimsby. Each case is finally reported on by the consultant cardiologist for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. Two girls were thus proved to be non-rheumatic. See Table 8 at the end of this report.

**Food Poisoning.**—14 notifications were received, one case being removed to hospital for treatment. The local attack rate was 0.14.

**Acute Encephalitis.**—One intimation was received relating to child of 16 months, classed as infective. The case was discharged from Springfield Hospital after a stay of 80 days.

**Influenza.**—This is not a notifiable disease unless complicated by pneumonia. 2 deaths were certified as due to influenza, equal to a death rate of 0.02.

**Small Pox.**—There were no cases of small pox or suspected small pox in Grimsby during 1954.

**Dysentery.**—Sixty nine cases (37 males and 32 females) of dysentery were reported, equal to an attack rate for Grimsby of 0.73 per thousand of the population. 13 of these cases were treated in hospital.

**Public Health (Infectious Diseases) Regulations, 1953.**—It was not necessary to take any action under these Regulations in regard to persons engaged in occupations connected with the preparation and handling of food or drink for human consumption.

## CANCER.

The number of deaths in Grimsby due to cancer was 200, giving a local death rate from this cause of 2.13 compared with 2.02 for England and Wales. The rates for the previous year were 1.95 and 1.99 respectively.

Of the total deaths from cancer 41 (37 males and 4 females) were due to cancer of the lung and bronchus, equal to a rate of 0.44 per thousand population for Grimsby (England and Wales 0.36). Other Cancer death rate was 1.69 (England and Wales 1.66).

## TUBERCULOSIS.

**Notifications.**—The total number of persons notified as suffering from tuberculosis was 107, as compared with 106 for the previous year. In addition, 18 cases (16 pulmonary and 2 non-pulmonary) already notified in other areas came into the borough. The age groups and ward distribution are shown in Tables 9 and 10 in the appendix.

**Deaths.** (Table 9)—The number of deaths and the death rates from tuberculosis per thousand of the population in 1954 were as follows:—

			<i>No. of deaths</i>	<i>Death rates</i>
Respiratory tuberculosis	..	..	21	0.22
Other forms	..	..	1	0.01
			<hr/>	<hr/>
Totals	..	..	22	0.23
			<hr/>	<hr/>

The deaths for the previous year numbered 26.

Table 12 in the appendix shows the tuberculosis death rates for the last ten years, and the death rate for all forms of tuberculosis for England and Wales for 1954 was 0.17 (respiratory 0.16, other forms 0.01). This maintains the downward tendency which has been constant for the past few years.

Two cases which had not been previously notified as suffering from pulmonary tuberculosis and one posthumous respiratory notification were included in the deaths. These three cases died in hospital and were over 65 years of age. The proportion of non-notified deaths is therefore 9.1 per cent. as compared with 19.2 per cent. for 1953.

The number of primary notifications received per thousand of the population, and the ratio of non-notified deaths in each year of the decennium is shown in Table 11 in the appendix.

**Revision of Register.**—The names of 85 notified persons were removed from the register in 1954, these consisting of:—

Diagnosis not established	..	..	..	4
Recovered	..	..	..	26
Died	..	..	..	22
Not desiring public medical treatment	..	..	13	
Left district	..	..	..	16
Not found after adequate search	..	..	1	
Others	..	..	..	3

On 31st December, 1954, there were 800 cases on the register of the Medical Officer of Health, 707 pulmonary and 93 non-pulmonary.

**Tuberculosis Regulations, 1925.**—No action was taken in regard to persons suffering from pulmonary tuberculosis employed in the milk trade.

**Public Health Act, 1936.**—No action was taken under Section 172 of this Act relating to the compulsory removal to hospital of persons suffering from tuberculosis.

**B.C.G. Vaccination.**—In May, 1954, approval was given by the Minister of Health for the extension of the B.C.G. vaccination scheme to include 13-year old school children. A programme was started in the Autumn term in six selected schools with the result that 320 children were vaccinated. An explanatory letter together with a consent form and a leaflet entitled "To mother and father—a word from the M.O.H." was distributed to the schools for circulation to parents of children eligible to participate in the scheme. When the consent forms had been returned to the head teachers arrangements were made for the school medical officers to visit the schools and carry out the necessary tests.

It is estimated that approximately 16 per cent. of the parents refused to allow their children to be vaccinated, and 31 per cent. of the children showed evidence of having already acquired some resistance to tuberculosis and did not require vaccination.

Owing to the very precise timing which is required both in carrying out the tuberculin tests and subsequent B.C.G. vaccination, this scheme could not have been carried out without the full co-operation of the head teachers which was wholeheartedly given.

It was also considered desirable to carry out B.C.G. vaccination on children between the ages of 5 and 15-years who were under the care of the local authority, and 64 children were vaccinated at the Chest Clinic. In addition, 197 cases were vaccinated by the Chest Physician in view of their known contact with tuberculous infection.

**Mass Radiography.**—In May and June the Lincolnshire Mass Radiography Unit carried out a chest survey on school children who were aged 13-years and over, and in August the Unit returned to do a chest

survey on the adult population. Publicity was given to the importance of this service by means of distributing leaflets to school children to take to their parents, and posters were exhibited in public centres and infant welfare clinics. The following shows the numbers examined:—

					Males	Females
<i>Xrayed on Miniature Film.</i>						
Adults	..	..	..	..	5,169	3,439
School children	..	..	..	..	1,818	2,147
<i>Recalled for Large Film.</i>						
Adults	..	..	..	..	108	69
School children	..	..	..	..	22	32

The following is a summary of the diagnoses of 42 cases which were further investigated at the Chest Clinic:—

	Men	Women	Boys	Girls
Tuberculosis, Pulmonary				
Active disease .. ..	3	2	—	—
Healed disease .. ..	5	6	—	3
Cancer of lung .. ..	2	—	—	—
Cancer of bronchus .. ..	1	—	—	—
Cancer, secondary deposits ..	—	1	—	—
Sarcoidosis .. ..	—	1	—	—
Bronchiectasis .. ..	1	1	—	2
Diaphragmatic hernia .. ..	1	1	—	—
Pleural thickening .. ..	—	1	1	—
Emphysema and bronchitis ..	1	—	—	—
Spontaneous pneumothorax ..	1	—	—	—
Retrosternal goitre .. ..	—	1	—	—
Mitral stenosis .. ..	—	—	1	—
Non-tuberculous effusion ..	—	—	—	1
Other conditions .. ..	3	—	—	2
Totals .. ..	18	14	2	8

While the numbers are small this is a useful method of the ascertainment of cases which might otherwise have not been discovered for some time.

**Chest Clinic.**—The following information has been supplied by Dr. J. Glen, consultant chest physician, and is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1954.

<i>New cases examined (excluding contacts):</i>					<i>Total</i>
(a)	Definitely tuberculous	..	102	}	.. .. 2,996
(b)	Diagnosis not completed	..	85		
(c)	Non-tuberculous	.. ..	2,809		
<i>Contacts examined:</i>					
(a)	Definitely tuberculous	..	3	}	.. .. 796
(b)	Diagnosis not completed	..	10		
(c)	Non-tuberculous	.. ..	783		

Cases written off Clinic Register, including 3,611 non-tuberculous 3,699



*Cases on Clinic Register as at 31st December, 1954:*

(a) Definitely tuberculosis ..	788	}	..	..	896
(b) Diagnosis not completed ..	108				

Total attendances at Clinic, including contacts .. ..	9,988
Consultations with medical practitioners .. ..	7,036
Attendances for artificial sunlight treatment .. ..	314
Artificial pneumothorax refills carried out .. ..	717
Home visits by nurses .. ..	2,359
X-ray examinations:— Radiographic film .. ..	2,940
Fluorographic screen .. ..	4,393

Non-tuberculous conditions requiring special investigation referred to the Chest Clinic during the year ended 31st December, 1954.

	<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer .. ..	16	2	—
Bronchiectasis .. ..	8	24	9
Asthma .. ..	—	—	—
Atypical Pneumonia .. ..	—	4	—
Unresolved Pneumonia .. ..	5	3	1
Lung abscess .. ..	—	—	—
Non-tuberculous Effusions .. ..	—	—	—
Cardiac Conditions .. ..	4	8	—
Spontaneous Pneumothorax .. ..	3	2	—
Foreign Bodies .. ..	1	—	—
Empyema .. ..	1	1	—
Simple Tumours of Lung .. ..	—	—	—
Cystic Disease .. ..	—	—	—
Other conditions .. ..	2	6	1
Totals ..	40	50	11

Number of New Cases referred to the Chest Clinic by General Practitioners, Institutions, Clinics, etc., in recent years.

<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1950	635	1,509	395	2,539
1951	700	1,695	427	2,822
1952	721	1,742	493	2,956
1953	758	1,846	557	3,161
1954	734	1,739	523	2,996

**Preventive Care.**—This branch of the work embraces many sections but perhaps one outstanding example is on the institutional side of treatment for tuberculosis. With the easing of the sanatorium bed accommodation it is now possible to frequently hospitalise advanced chronic cases which are a potent source of infection to other members of the family. Often this class of case can be kept in hospital for a spell until the other susceptible members in the household have been checked and given B.C.G. if necessary.

There has also been a gratifying reduction in the length of waiting time of admission of cases to the sanatorium.

The disinfection of the room and bedding used by the case prior to admission to hospital is carried out as a routine.

So far the B.C.G. campaign has been restricted to the younger members of the family, say up to the age of 15 years. It had been hoped to extend the service to the 15-25 age group because of the increasing number of negative reactors. To do so is not as easy a question as one would imagine as persons of this age would almost certainly be in employment. This would involve considerable difficulty in their attendance at the Chest Clinic on the number of occasions necessary for testing, vaccination and conversion checking. So far no solution has been found in overcoming these points. While employers are very helpful in permitting cases not in full health to have time away from work to attend the clinic, I doubt very much whether they would grant the same facilities for apparently healthy adults. However, the idea of the extension of this particular service has not been shelved.

Another important point in preventive care work is good and adequate housing accommodation for the patient and family. In this respect there is complete co-operation between the local authority and the Chest Clinic for necessitous cases, mostly of the infectious type, to receive alternative accommodation, while those living in overcrowded conditions or where a separate bedroom cannot be set aside for the case are also assisted. As in the previous year the Housing Committee has been very helpful indeed.

Sunlight and physiotherapy clinics are held for persons considered to be in need of such treatment. There has been considerable extension in the physiotherapy work carried out at the Chest Clinic. This plays an important part in the management of bronchiectasis prior to their operative treatment or where this is not indicated or feasible. It will be seen that the number of cases of bronchiectasis discovered during 1954 (41) appears to have increased as compared with the previous year (24). I do not think that this is a true increase but the easing of work with regard to tuberculosis has given the medical staff more time to devote to non-tuberculous chest disease.

A session is held once monthly at the clinic by Mr. R. C. Barclay, F.R.C.S., part of which is devoted to the assessment of bronchiectatic cases suitable for surgery, as well as the follow-up of his operative cases in this area.

**After-Care.**—Comprehensive details of this active Committee's work were given in the report for 1953. There has been no change in the policy of the Committee or in the method of assisting patients.

**Contact Examinations.**—This important branch of the work is on a perfectly satisfactory basis as will be seen from the following table:—



<i>Year</i>	<i>No. of notified cases of tuberculosis</i>	<i>Number of contacts examined</i>
1950	98	625
1951	149	808
1952	148	865
1953	106	820
1954	107	796

It will be seen that the figure remains at a satisfactory level. There will be a tendency for the total figure to decrease in the future, as it is anticipated that the number of cases of tuberculosis notified under the regulations will decline gradually. The number of contacts available for examination should also reduce.

**Employment Conditions.**—Facilities for the sheltered employment of tuberculosis cases in this area do not exist.

With the reduction in the number of new cases notified under the Regulations now becoming evident and the fact that modern methods of treatment enable us to render a much higher percentage of cases quiescent and stable, makes the provision of sheltered employment less acute than in the past. A great number of patients can now return to normal living and working conditions.

The old difficulties of returning treated tuberculosis cases to the food industries, which play such an important part in this town, remain. With the introduction of new forms of employment available in recent years, however, this question is becoming less urgent than formerly.

**Non-notified Deaths.**—It is gratifying to find that there has been a reduction in the number of these deaths in the year under review. This is as it should be in a town like this where co-operation between the medical profession, local authority, and the Chest Clinic is of such a high standard.

It is interesting to find that of the 3 respiratory deaths so recorded all occurred in hospital (one was an Inward transferable death) and all were over the age of 65 years.

The home of the deceased is at once visited by the tuberculosis nurse and contacts requested to attend the clinic for examination.

**Follow-up of Cases.**—As the one full-time and one part-time Tuberculosis Health Visitors also carry out duties as clinic nurses and radiographers there is a complete follow-up of patients. This is a satisfactory arrangement as any case showing retrogression, on waiting list for institutional treatment, under chemotherapy etc., is immediately revisited at home. In this way the nurses are fully aware of what is happening and this tends to a more intimate touch between patient and the clinic staff.

**Special Case-finding Surveys.**—If there appears to be an unduly high incidence of cases arising in any branch of industry facilities are made for the x-raying of employees at the clinic when the Mass Radiography Unit is not operating in the town.

### VENEREAL DISEASES.

The special out-patient clinic for venereal diseases at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee. The times at which sessions are held with the venereologist in attendance are:—

Males:—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays, 2 p.m.

Females:—Mondays, 2 p.m.; Thursdays, 10 a.m. and 4.30 p.m.

The centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 196 Grimsby residents attended this clinic for the first time, the classification of these cases being:—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis .. ..	15	11	26
Gonorrhoea .. ..	15	7	22
Other conditions ..	123	21	144
Not yet diagnosed ..	—	4	4
	153	43	196

Information about the location and times of sessions of the clinic are circulated to shipping by the port health inspectors.

PART III

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance Service

Prevention of Illness, Care and After-Care

Domestic Help

Mental Health

**Notification of Births.**—1,703 live births and 48 still-births were notified as compared with 1,630 and 38 in 1953.

**Prematurity.**—106 infants were notified as having been born prematurely—70 in hospital, 34 in their own homes and 2 in private nursing homes. This is the smallest number notified since 1952 when only 98 cases were reported.

91 of the total 106 survived 28 days, and only 6 died within 24 hours of birth. The percentage surviving at the end of 28 days was 85.84 in 1954 as compared with 85.60 in 1953. The survival rate of those born (a) in hospital was 81.42%, (b) at home 96.55%, and (c) in private nursing homes 100%. Of 5 infants born at home and transferred to hospital 4 survived.

The statistical table that follows shows the weights at birth and the numbers surviving.

<i>Weight at birth</i>	<i>Born in Hospital</i>			<i>Born at Home and nursed entirely at home</i>			<i>Born at Home and transferred to hospital before 28th day</i>			<i>Born in Nursing Home and nursed entirely there</i>		
	<i>Total</i> (1)	<i>Died in 24 hrs.</i> (2)	<i>Survived 28 dys.</i> (3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
3-lb. 4-ozs. or less ...	3	—	—	—	—	—	1	1	—	—	—	—
Over 3-lb. 4-ozs. up to and including												
4-lb. 6-ozs. ...	17	3	11	2	—	2	1	—	1	—	—	—
Over 4-lb. 6-ozs. up to and including												
4-lb. 15 ozs. ...	17	2	14	6	—	5	2	—	2	—	—	—
Over 4-lb. 15-ozs. up to and including												
5-lb. 8-ozs. ...	33	—	32	21	—	21	1	—	1	2	—	2
Totals	70	5	57	29	—	28	5	1	4	2	—	2

**Still-births.**—Routine enquiries made into cases of still-birth revealed contributory causes as follows:—

Gross congenital foetal defects	..	..	..	..	7
Rhesus negative	..	..	..	..	6
Toxaemia of pregnancy	..	..	..	..	7
Ante-partum haemorrhage	..	..	..	..	4
Mal-presentation	..	..	..	..	5
Anoxia (due to cord being tightly wound round neck)	..	..	..	..	3
Partial separation of placenta	..	..	..	..	1
Premature rupture of membranes	..	..	..	..	2
Maternal morbidity (e.g. acute bronchitis, diabetes, accident)	..	..	..	..	3
Macerated foetus	..	..	..	..	19
Prematurity	..	..	..	..	21
Cause unknown	..	..	..	..	10

The majority of still-births took place in hospital. The ratio of hospital to domiciliary confinements was 3:1. Of 13 domiciliary cases, 5 were dealt with by the midwife only.

**Infant Welfare Centres.**—During 1954 there has been a deliberate effort made to limit attendances at clinics and to get away from the undue importance attached to regular weighing. As a result there has been a drop of 1,689 in the total attendances, but an actual increase of 51 in the total number of children attending. Again, intensive efforts were made to encourage mothers to bring children over 2 years of age for routine examination and this was reflected in an increase of 46 over the number of children who attended in 1953, and an increase of 400 attendances.

It is felt that routine examination of toddlers should lead to early discovery of defects and thus prove of much better value than weekly attendances of babies for weighing only. Increased toddlers' sessions have been made possible since more medical staff was available following the appointment of another assistant medical officer for school and child welfare.

**Test feeding clinics.**—Occasional emergency test feeds are carried out at clinics, but the greater part of the work is now done in the patient's own house: scales are provided and the health visitor pays intensive visits until her teaching succeeds or fails.

**Mothercraft.**—Classes are held once weekly at each of the two local health authority clinics and two health visitors assist at the mothercraft class held at the local maternity hospital: this class is open to district bookings as well as hospital cases, and was attended by 60 expectant mothers. 67 expectant mothers attended the district classes, and the total attendances at all classes was 1,951.

**Distribution of Milk.**—Milk and baby foods are still distributed from infant welfare centres at a cost approved by the Ministry of Health, but to a much smaller extent than formerly. Since the taking over of the distribution of welfare foods from the Ministry of Food in July, 1954, all welfare food distribution has been the responsibility of the local health authority per the Maternal and Child Welfare Sub-Committee. A staff of two clerks is responsible for the carrying out of the scheme and food is distributed from an office centrally situated in the town and also as formerly from infant welfare centres. In three clinics the help of W.V.S. workers is available for this distribution, but at one clinic the amount of work can only be carried out by a full time clerk who works there two afternoons weekly. At one time it was thought that the amount of welfare food taken was far below what should have been, but the following figures show that there has been actually an increase in the amount used.



Until the taking over of the distribution of welfare food by the local authority, the average weekly distribution of Grimsby and fifty other centres was:—

<i>National dried milk</i>	<i>Cod liver oil</i>	<i>Vitamin tablets</i>	<i>Orange juice</i>
1643.5	389.25	119.25	1499.5

but since then the average weekly distribution taken over August and December in Grimsby alone was :—

<i>National Dried milk</i>	<i>Cod liver oil</i>	<i>Vitamin tablets</i>	<i>Orange juice</i>
1,398	228	89	1,086

**Ante-natal clinics.**—692 new cases attended as compared with 617 in 1953. The total cases attending were 753 and the number of attendances at medical officers' sessions was 1,640—at midwives sessions 1,256. There is no appreciable diminution in attendances of cases as a whole, and the fact that so many women who have already booked a general practitioner obstetrician for confinement still come to the clinic for the taking of blood and arrangements for X-ray helps us considerably to extend facilities for teaching in mothercraft.

**Post-natal clinics.**—This type of clinic is not well attended. Only 73 new cases attended during the year out of 118 cases booked by midwives, so 38% of the total booked cases failed to report for post natal examination.

All those mothers who attend an ante-natal clinic are advised as to the need for post-natal examination six weeks after confinement, and in addition the midwife reminds each mother of the need when she pays her last visit. Routine letters are later sent out giving appointments at the various post natal clinics, but in spite of this effort to encourage attendance from three different sources there are many defaulters.

**Orthopaedic cases.**—36 cases were referred from maternal and child welfare centres to the orthopaedic department at the General Hospital as compared with 31 in 1953.

**Infant Mortality.**—Of the total 42 infant deaths only 12, or 28.55%, occurred after the child reached the age of 4 weeks, and 5 of these were not preventable, the causes of death being:—

Congenital defects	..	..	..	..	3
Malignant disease	..	..	..	..	1
Broncho-pneumonia	..	..	..	..	2
Gastro-enteritis	..	..	..	..	2
Suffocation	..	..	..	..	1
Meningitis	..	..	..	..	1
Prematurity	..	..	..	..	1
Collapse after operation for cleft palate	..	..	..	..	1



**Neo-natal deaths** still cause the largest number of deaths, there being 30 deaths within the first 4 weeks. Again, as in former years, prematurity is the chief cause, either alone (13), or associated with atelectasis (2) or asphyxia (1).

Congenital defects accounted for only 4 deaths in the neo-natal period, but to them might be added two inevitable deaths from erythroblastosis. Other causes of death were—

Atelectasis	..	..	..	..	..	4
Respiratory infection	..	..	..	..	..	1
Asphyxia	..	..	..	..	..	2
Injury at birth	..	..	..	..	..	1
Hydrops foetalis	..	..	..	..	..	1
Other causes	..	..	..	..	..	1
Found drowned	..	..	..	..	..	1

It would seem that at least some of these deaths should be preventable, although there are at least 7 deaths which would appear to have been inevitable.

Where prematurity accounts for 50% of the total neo-natal deaths, it is essential that enquiries continue to be made into the factors contributing to premature labour. Information on which to base conclusions is not adequate, but toxæmia was involved in 3 cases, toxæmia plus ante-partum hæmorrhage in 4, ante-partum hæmorrhage alone 4, pre-eclampsia 1, pneumonia 1. In many cases of premature labour, no cause can be found or is known to the expectant mother. Much could and should be done to study the cause of premature birth and until this is done the neo-natal death rate is likely to remain untouched. The majority of these deaths took place in hospital, and 25 out of 30 were also born in hospital, so it is presumed that they had adequate ante-natal supervision; the problem of preventing premature births remains a challenge to all concerned.

With the growing trend of hospital rather than home confinements I would suggest that the neo-natal mortality rate is becoming more of a hospital problem, and indicates the real need for the closest co-operation between the obstetricians and the local health authority to attempt to solve the problem of neo-natal deaths. At the moment, officers of the local health authority are only called in to follow up cases who have booked for hospital confinement and failed to attend ante-natal clinics on one or more occasions. A closer follow up of pregnant women in their own homes might lead to earlier detection of toxæmic symptoms and thus to treatment.

The words "no known cause" should be blazoned on a banner to be carried by all workers in maternal and child welfare in the hope that it will remind them that there are many problems remaining which will require even greater efforts in the future.

**Maternal mortality.**—For the second consecutive year there have been no maternal deaths.

**Ophthalmia Neonatorum.**—Only two cases were notified during the year and in neither case was there any impairment of vision.

**Ophthalmic treatment.**—18 cases were referred from maternal and child welfare clinics and received treatment.

**Pemphigus Neonatorum.**—There was no case during 1954.

## DENTAL TREATMENT.

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	294	294	294	170
Children under five	315	294	294	292

Forms of dental treatment provided :—

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and nursing mothers	1129	129	158	88	155	..	29	1	48	47
Children under five	610	..	262	5	33	10	20	..	..	..

## MIDWIFERY.

The amount of domiciliary midwifery work remains more or less stable; 638 cases were delivered on the district as compared with 635 in 1953. In 123 cases no doctor was booked and in only 5 had medical aid to be summoned during the second stage of labour. Of 515 cases where a doctor was booked, in only 125 was the doctor present at the actual delivery. As a result, the midwives, whether booked as midwives or maternity nurses, acted as midwives in 79.6% of the total cases.

73.65% of the total cases were entirely breast fed on the 14th day when the midwife ceased to visit. The reasons given for changing from breast to artificial feeding were:—

Insufficient milk	..	..	..	18
General practitioner obstetricians' instructions	..	..	..	14
Sore or cracked nipples	..	..	..	4
Scar tissue of breast following abscesses at previous pregnancy	..	..	..	3
Inverted or small nipples	..	..	..	2
Maternal ill-health	..	..	..	4
Mother refused to attempt to breast feed	..	..	..	1
Baby not satisfied	..	..	..	1

Of the 14 cases weaned on medical advice the reasons were:—

Insufficient milk	..	..	..	4
Cracked nipples	..	..	..	3
History of former breast abscesses	..	..	..	2
Flushed breast	..	..	..	1
Unable to breast feed	..	..	..	1
Maternal ill-health	..	..	..	2
Not stated	..	..	..	1

Medical aid was called to 74 cases—42 midwifery, 31 maternity and 1 hospital case—A. 3 in the ante-natal period, B. 51 to the mother either during or within 14 days of confinement, and C. to 20 babies.

The conditions demanding medical aid were:—

A. Albuminuria (3)	
B. During labour—	
Malpresentation (4)	Retained placenta (2)
Ante-partum haemorrhage (4)	Free loss from ruptured vulvar
Delayed second stage (2)	varices (1)
Premature labour (2)	Ruptured perineum (18)
Obstetric shock (1)	Emergency (1)

In Puerperium—

Flushed breast (3)	Haemoptysis (1)
Thrombophlebitis (3)	Cyanosis (1)
Pyrexia (2)	Syncope (1)
Raised pulse rate (1)	Rash (1)
Secondary post-partum	Whooping cough (1)
haemorrhage (1)	Acute bronchitis (1)
C. Baby—	
Sticky eyes (6)	Jaundice (1)
Dangerous feebleness (2)	Severe cold (1)
Sudden death (1)	Thrush (1)
Staphylococcal infection (4)	Spina bifida (1)
Asphyxia (1)	Haematemesis and melaena (2)

All the domiciliary midwives are qualified to administer gas and air analgesia and a total of 454 district cases were given relief from pain in this way: 369 were given analgesia with pethidine, but 297 cases received both gas and air and pethidine.

The reasons given for patients not receiving gas and air analgesia were:—

Born before arrival	31	Raised blood pressure	6
Patient refused ..	39	Patient not certified	
No time (patient		fit for gas and air	15
advanced in labour		Patient too ill ..	1
on midwife's arrival)	51	Foetal distress ..	1
Patient catarrhal ..	8	Trilene administered	13
Not necessary ..	7	Ch Cl3 administered	2

It is the invariable practice of midwives to demonstrate the use of the gas and air apparatus during the ante-natal period either at clinics or in the patient's own home, and in addition all expectant mothers attending mothercraft classes are shown the machine and taught how to use it. Of the total district cases 83.2% were given some form of analgesia.

Only two pupil midwives were given district training during the year. The geographical siting of Grimsby and the fact that the Maternity Hospital is only approved as a Part II Teaching School militate against us securing a regular supply of pupil midwives despite the fact that the facilities for training both in hospital and on the district are excellent. The liaison between general practitioner obstetricians, midwives and health department remains good.

## HEALTH VISITING.

During the year Mrs. M. Redston resigned and the vacancy was filled by Miss Adamson. Mrs. Kozlowski resigned during the summer of 1954 on marriage. Miss Cooling, who began training as a health visitor at Battersea Polytechnic, carried out district duties during vacations and so obtained experience in local conditions prior to her obtaining her health visitor's certificate at the end of the year. Miss Henly, who was granted 6 months leave of absence, resigned her post here as she did not then wish to leave Canada where she was gaining special experience in a large premature baby unit, and her post was not filled despite repeated attempts to do so.

Owing to the shortage of staff and the need to release health visitors for general district duties, two clinic nurses were appointed, each spending 50% of her time in the maternal and child welfare clinics. Arrangements were also made for the training of a further student health visitor at Oxford.

The health visitors made a total of 22,574 visits as compared with 32,022 in 1953. The drop in the total number of visits made is partly due to lack of staff but mainly due to selective visiting.

During the year there has been a growing liaison between health visitors and hospitals. Consultants in charge of children's wards are now in the habit of contacting the Public Health Department in order to obtain a detailed report of home conditions from the health visitor of the area. This report is of essential importance with regard to the discharge of children from hospital and the amount of care they can receive after discharge in their own home. If the home is unsatisfactory early discharge is then vetoed, but in suitable cases the health visitor obtains from the hospital all vital information with regard to the follow up after discharge.

**Problem families.**—Ministry of Health Circular 27/54 deals with the prevention of break-up of families. In February, as a result of special consideration given to the needs of problem families and recognition of the fact that children are best left in their own homes rather than removed to local authority residential homes, application was made to the Maternal and Child Welfare Sub-Committee for the setting aside of a sum of money to be applied to the rehabilitation of problem families. A very sympathetic hearing was given to this request following upon an explanation of the proposed large saving hoped for by the prevention of children's admission to local health authority homes, and not only was a sum of money granted but the expenditure of necessary small sums of money to purchase equipment was approved. As a result, health visitors made intensive surveys of the families in their districts who were either recognised as definite or near problems. The Superintendent Health Visitor subsequently assessed the cases and their relative urgency and in September, after careful consideration and consultation with the Home Help Organiser, a family was selected and a home help supplied. The Home Help Organiser will comment on this case in her report, but there is no doubt that the intensive work done in teaching housewifery by the



home help, and the influence of the health visitor has saved, at least temporarily, a family from being broken up. Three months after the home help was withdrawn the house was clean, had been refurnished and there was a happy atmosphere. Arrangements made for the rehabilitation of another family were delayed considerably by the difficulty experienced in contacting the father, but plans are in hand for the work to be commenced in 1955. Until then the health visitor for that area is concentrating on supervision of the family.

Near problem families have also had much more visiting than in the past with, in certain cases, concentrated advice on budgeting. Where there has been difficulty in making contact with some families, the health visitor has worked with the inspector of the N.S.P.C.C. but there has been no need for prosecution in any of the cases tackled. The help of employers, house agents, local National Assistance Officers has been obtained wherever necessary and the working together of the various sections of the social services as a team has been found to be very helpful.

It is anticipated that during 1955 at least three families will be helped in this way to get back to decent standards of living. All members of the maternal and child welfare staff recognise that this type of work will necessarily demand much of their time, both in and out of ordinary working hours, and the methods of approach used may be new to them, but despite this they are eager to explore the possibilities of saving homes from being broken up and protecting the children by giving them security in their own homes. Wherever necessary case conferences have been held and the help of the general medical practitioner has been sought and very willingly given. This co-operation has been greatly appreciated.

### HOME NURSING.

The number of nurses increased by one, and the staff position at the end of the year was:—

#### *Full-time*

- 1 Superintendent (S.R.N., S.C.M., H.V., Q.N.)
- 3 Queen's nurses (two of whom are male)
- 7 State Registered nurses
- 2 State Enrolled Assistant nurses

#### *Part-time*

- 2 State Registered nurses

One State Registered nurse was sent to a non-resident course at Birmingham arranged by the College of Nursing.

Student nurses from the local hospitals have been sent to see the work of the district nursing service, and according to the reports of the sister tutors the students have greatly benefited by the experience.

The British Red Cross Society have now taken over certain of the larger articles of equipment to their Victoria Street depot, and the arrangement appears to have worked satisfactorily without any inconvenience to patients requiring the loan of this equipment.



Co-operation with general medical practitioners remains good. The following table shows the work done:—

Cases being nursed on 1st January	..	..	181
New cases nursed during the year:—			
Adults	..	..	1,067
Children 5 to 15 years of age	..		27
Children under 5 years of age			31
Total cases nursed during the year			1,306

This figure shows a slight increase in the number of patients nursed compared with 1953, and involved a total of 32,927 visits (30,513 in 1953).

More than 46 per cent of the nursing was carried out for patients who who were 65 or over.

### Summary of Cases Nursed.

#### ADULTS

##### Patients suffering from notifiable diseases:—

Tuberculosis	..	..	..	..	..	86
Pneumonia, lobar and influenzal	..	..	..			37
Erysipelas	..	..	..	..	..	1
Others, including venereal diseases, etc.	..	..				—

##### Maternal:—

Puerperal Pyrexia	..	..	..	..	..	4
Miscarriage	..	..	..	..	..	8
Others	..	..	..	..	..	12

##### Surgical Nursing:—

Acute	..	..	..	..	..	138
Chronic	..	..	..	..	..	61

##### Medical Nursing:—

Diabetes	..	..	..	..	..	42
Broncho-pneumonia	..	..	..	..	..	42
Bronchitis	..	..	..	..	..	77
Asthma	..	..	..	..	..	8
Rheumatic conditions	..	..	..	..	..	27
Cerebral Haemorrhage — under 60	..	..	..	..	..	25
over 60	..	..	..	..	..	101
Cancer	..	..	..	..	..	72
Ear, Nose and Throat	..	..	..	..	..	9
Gynaecological	..	..	..	..	..	69
Cardiac disease	..	..	..	..	..	103
Disseminated Sclerosis	..	..	..	..	..	9
Senility	..	..	..	..	..	81
Other medical conditions	..	..	..	..	..	234

1,246

## CHILDREN 5 to 15 YEARS OF AGE.

Medical	..	..	..	..	..	..	..	15
Surgical	..	..	..	..	..	..	..	13

## CHILDREN UNDER 5 YEARS OF AGE.

Medical	..	..	..	..	..	..	..	7
Surgical	..	..	..	..	..	..	..	25
Total								1,306

## VACCINATION AND IMMUNISATION (Section 26)

DIPHTHERIA IMMUNISATION.—A total of 2,566 children completed the series of inoculations and 509 of these were carried out by general medical practitioners. This total is more than double last year's figure of 1,190. The number of children fully protected in the age group 0-15 years represents 76 per cent. of the total child population, as compared with 66 per cent. last year.

Reinforcing injections were given to 4,851 children, of which 229 were carried out by general medical practitioners. This is an exceedingly high figure and comparison with previous years may be drawn from the following information.

YEAR	PRIMARY IMMUNISATION			REINFORCING
	Under 5 yrs.	5-15 yrs.	Total	Injections 5-15 years
1948	.. 1357	204	1561	633
1949	.. 1151	157	1308	365
1950	.. 722	65	787	219
1951	.. 1181	92	1273	754
1952	.. 1147	304	1451	1224
1953	.. 1038	152	1190	871
1954	.. 1084	1482	2566	4851

This is undoubtedly a record year and the increase was due to an intensive campaign, 1,298 primary immunisations and 3,914 maintenance injections being carried out in 35 primary schools. This work had never been attempted before on such a large scale, but now the general position as regards diphtheria immunisation may be regarded with some satisfaction, although much remains to be done to secure protection of children under school age.

IMMUNISATION IN RELATION TO CHILD POPULATION.—The following table gives particulars of the number of children immunised against

diphtheria in relation to the estimated mid-year child population. It includes all children who had completed a course of immunisation at any time before the end of the year. For comparison the immunity index for the previous year has been added at the foot of this table.

	Year of Birth				
	Under 1 1954	1-4 1953-1950	5-9 1949-1945	10-14 1944-1940	Total
Last injection 1950 to 1954	89	3,716	7,231	2,775	13,811
Last injection 1949 and earlier	—	—	1,395	2,802	4,197
Estimated child population ...	1,640	6,660	15,300		23,600
Immunity Index	5%	56%	65%		58%
Immunity Index as at 31,12,53.	3%	57%	35%		39%

Table 14 in the appendix indicates the number of children completing the series of inoculations since the inauguration of the scheme.

**WHOOPING COUGH IMMUNISATION.**—In December the Health Committee gave approval to the Medical Officer of Health to carry out whooping cough immunisation by using a combined antigen against diphtheria, whooping cough and tetanus. By this method three injections at monthly intervals will be required and immunisation should start when a child is about 8 months old, and it is recommended that this should be followed by a booster injection at the age of 2 and 5 years.

At the special request of a parent immunisation against whooping cough only will be performed on a child who has previously been protected against diphtheria.

It is anticipated that this service will commence on the 1st April, 1955.

**VACCINATION.**—During the year 538 primary vaccinations and 196 re-vaccinations were performed, and of the combined total 371 were carried out by general practitioners. The following shows the number of persons vaccinated during the past seven years.

YEAR	PRIMARY VACCINATIONS				RE-VAC-	
	AGE PERIOD				CINATIONS	
	Under 1	1-4	5-14	Adults	Total	All Ages
1948	144	30	8	11	193	6
1949 ..	181	187	32	32	432	104
1950 ..	73	233	51	56	413	50
1951 ..	113	277	53	92	535	148
1952 ..	129	221	23	60	433	80
1953 ..	329	114	40	53	536	90
1954 ..	362	64	33	79	538	196

This is the highest figure on record so far and the percentage of children under the age of 1 year that were vaccinated in relation to the registered births was 21 per cent.

Parents are advised that vaccination can be carried out either by their own doctor or by the Local Health Authority's medical staff.

### AMBULANCE SERVICE.

The returns for this service show that the increase in the work has not been so marked as in previous years. The number of patients carried has risen, but the vehicle mileage remained steady.

During the year 16,417 calls were received, 115 of which came from areas outside the borough and were transmitted to the appropriate authority. 28,048 patients were transported and 146,534 miles covered by the vehicles. More use has been made of rail transport, 35 journeys being arranged as compared with 14 last year. Of the number of patients carried 1,569 were accident or other type of emergency cases.

Experience in the past has shown that only by separating crews and doubling up on vehicles can the service be maintained at its present level. This is more than ever necessary during the peak hours. The co-ordination between the service and the local hospitals has never been better, while more help is being given by specialist hospitals. Co-operation with neighbouring authorities is most satisfactory and every effort is made to avoid duplication of transport. Relations with general medical practitioners remain satisfactory, many difficulties arising in the application of the Act being overcome after approaching the doctor concerned. Another point worthy of note is that for many years the service has been receiving calls from patients appealing for assistance in finding their doctor. As very little help could be offered it was decided to try out a system whereby doctors would inform the service of their whereabouts when leaving their telephones unattended, and in this way the Grimsby Medical Bureau was set up on 1st May, 1954. This has now become a permanent feature of the service and has proved most helpful to patient and doctor alike.

The newer type of vehicles are in good condition and well maintained, but some of the older ambulances are fast becoming mechanically unsound. One has been withdrawn from service during the year and not yet replaced; another is becoming increasingly difficult to maintain, while a further two are being used sparingly and as reserves for the later class of vehicles, which are taking the full weight of the service. One new ambulance has been ordered for delivery early in 1955. The shortage of modern vehicles in the service can be rectified if the annual replacement policy is maintained in the next few years. In addition to the ambulance service vehicles, those of the Health and Civil Defence Services are maintained by the staff. One semi-skilled mechanic was added to the strength during the year.

There has been no change in the staff of driver-attendants and this permanency is most marked by the interest shown in their work, as well as by the public confidence gained in the service. The high standard of proficiency attained is to be commended.

Statistical tables are given below:—

CALLS.			TIME ANALYSIS OF JOURNEYS		
Accidents	..	1,229	2300—0700	..	614
Sudden illness	..	233	0700—0900	..	881
Removals	..	14,510	0900—1500	..	4,588
Miscellaneous	..	330	1500—1700	..	1,195
Other authorities		115	1700—2300	..	1,630
Total	..	16,417			

#### OPERATIONAL.

TYPE OF CASES.		PATIENTS	JOURNEYS
Accidents	.. ..	1,282	1,229
Sudden illness	.. ..	240	233
Removals (local)	.. ..	24,805	6,554
Removals (others)	.. ..	1,539	562
Miscellaneous	.. ..	182	330
Totals	.. ..	28,048	8,908

Journeys in Distances:—	Under 50 miles	..	..	8,462
	50—100 miles	..	..	246
	Over 100 miles	..	..	200

#### ANALYSIS OF ALL JOURNEYS.

TYPE	PATIENTS.	JOURNEYS	MILEAGE.
EMERGENCY			
Ambulances	.. 1,178	1,134	5,351
Sitting Case Cars	391	375	1,750
GENERAL.			
Ambulances	.. 16,743	4,147	67,206
Sitting Case Cars	9,736	3,140	66,585
ABORTIVE AND SERVICE			
Ambulances	.. —	145	1,061
Sitting Case Cars	—	259	1,667
CIVIL DEFENCE.			
Ambulances	.. —	—	—
Sitting Case Cars	—	103	2,914
Totals	.. 28,048	9,303	146,534
By Rail	.. 36	35	3,997

#### AVERAGES.

Mileage per patient	..	..	..	5.22
Mileage per journey	..	..	..	15.75



## OTHER AUTHORITY CASES.

CHARGEABLE.		NOT CHARGEABLE.	
Patients carried	38	Patients carried	85
Miles travelled ..	898	Miles travelled ..	3,635

MISCELLANEOUS JOURNEYS:— Mileage chargeable 921

CIVIL DEFENCE TRAINING:— Mileage chargeable 2,914

## VEHICLE STATISTICS.

		MILES	PETROL	M.P.G.
Ambulance JV 5310		1,340	157	8.53
Ambulance JV 8364		1,571	129	12.18
Ambulance EXT 36		6,371	513	12.42
Ambulance DLJ 264		—	—	—
Ambulance AFU 717		6,152	556	11.06
Ambulance BEE 396		12,398	1,010	12.27
Ambulance BEE 696		19,091	1,391	13.72
Ambulance BJV 96		13,286	993	13.38
Ambulance BJV 196		13,162	1,049	12.55
Amb. S. Car DEE 209		29,624	1,533	19.32
Amb. S. Car BJV 77		17,034	1,018	16.73
Amb. S. Car CJV 277		26,505	1,389	19.08
All vehicles .. ..	146,534	9,738	15.05	

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

During 1954 the almoner and the social worker saw 777 new patients in hospitals, at home and at the Health Department. Casework was continued on 2,122 patients and 1,229 home visits were made. These patients were referred by hospital consultants, general practitioners, medical officers, almoners from distant hospitals, and officers of the local authority, while others or their relatives found their own way to the almoner's office. The number of patients seen in the hospitals totalled 1,024, as compared with 646 patients or relatives seen at the Health Department. Quite a reasonable proportion of patients seen at home were not hospital patients and no doubt the medico-social action taken by the almoner in these instances prevented the possible need for hospital care or prolonged illness at home, e.g. recuperative holidays, help and advice over financial problems, special nourishment, etc.

There is evidence of an increasing tendency for the public to use the almoner service as a general enquiry bureau and family casework agency. It is not always easy to insist that the almoner service is intended to provide social care for sick people only and indeed it is becoming more and more difficult to decide what actually constitutes "sickness" in these days of mental stress and strain. The cause of broken or unhappy marriages, whilst being symptomatic of a sick society, can sometimes be traced to some insidious neurological illness in one of the partners of the marriage.

Another example is the vague ill-health of the breadwinner, causing frequent periods off work and thus creating a form of casual employment which in the end results in a problem family or at least an almost insoluble low financial state of affairs created by a vicious circle of debt, anxiety, ill-health and poverty. The investigation of such cases must of necessity be slow and prolonged and a practical working knowledge of the psychological approach to such problems is essential. The undoubted increase in this type of case being handled by the service is not without significance in the overall pattern of illness in the modern welfare state.

The question of discharging aged people from hospital wards could occupy almost all of an almoner's time. Frequently there are long waits for vacancies in welfare accommodation with the consequent blocking of hospital beds, and the need for a half-way house between hospital wards and welfare homes has not decreased during the year under review. Many old people prefer to return to their own homes however lonely or poor they may be, and bearing in mind the individual's right of decision every endeavour is made to arrange for this to be done in co-operation with the district nursing and home help services, and with friendly neighbours. There is no doubt that many relatives deliberately evade the responsibility of caring for their aged sick, but this is not entirely due to the loopholes provided by the health service. Such relatives would have neglected their aged sick before the health service came into being and are now making greater use of the possibility of doing so under the present arrangements. We must, however, keep a sense of proportion about this ever-growing problem by remembering that many sons and daughters *are* caring for their aged relatives, often at great sacrifice to themselves. The so-called increase in responsible relatives failing to care for their parents is probably accounted for by the greater number of workers and people interested in welfare bringing such cases to light, whereas under the old regime they would have remained undetected.

CENTRAL CARE COUNCIL.—The work of the General Care Committee of the Council continued to expand in 1954, the number of families helped being 80 as compared with 39 in the previous year.

There have been increasing requests from relatives for help with fares to visit patients in distant hospitals or for people to attend follow-up clinics after treatment in hospitals outside Grimsby. Often an escort is required and not all such patients are eligible for help through the National Assistance Board. The General Care Committee is in this way meeting a real need and doing much to reduce worry at a most anxious time for the relatives concerned.

Many other forms of help have been granted by this Committee in conjunction with the various associations represented thereon, but the need for help with fares has been most marked during the past year.

**STUDENT NURSES.**—Seven student nurses from the Infirmary have spent time with the almoner in order that they might appreciate more clearly how the service can be used to help the patients under their care in hospital. Every effort was made to take the nurses to the homes of patients actually on the wards so that they might be seen in relation to their home backgrounds and problems. They were also able to see how the almoner eased the problems and it is hoped that as a result these nurses will be better able to make full use of the almoner service when they become qualified and in charge of wards.

**STAFF.**—It has not been possible to complete the establishment of three almoners and this is particularly unfortunate as the hospital consultants continue to feel the need of a more adequate almoner service to their patients. However, now that the Ministry of Health has agreed in certain cases to help student almoners with their third year of training, it might be that there will be an increase in the number of suitable candidates for the course. Unfortunately, there is likely to be no evident improvement in numbers for some years to come.

### DOMESTIC HELP.

This service has continued to provide help to elderly infirm, chronic sick, tuberculous, blind, maternity and emergency cases, the average being 165 weekly as against 155 for 1953. The aggregate number of cases dealt with shows a decrease of 7, but with regard to the chronic sick and the aged there is an actual increase of 41 cases over the previous year. At the same time, the amount of weekly help has increased to these two types of cases.

Towards the latter part of the year one full-time home help was specially selected for the social rehabilitation of a problem family, this having been referred in the first instance from the Maternal and Child Welfare Service.

Mr. and Mrs. A had three children, aged 1, 2 and 3½ years respectively, and another baby was expected in two months' time. The wife was in a very low state of health and seemed unable to cope with the general running of the home which was becoming more neglected each day, thus causing trouble between husband and wife. The home help went in, gradually gained the confidence of the family, and both parents accepted her help and guidance on the methods needed to ensure the smooth running of a home (cleaning, cooking, washing, care of the children, budgeting of household accounts, etc.). In a very short time there was an appreciable improvement both in the conditions and outlook of the family as a whole, and especially in the relationship between husband and wife. After the arrival of the new baby and Mrs. A.'s return home, the home help continued for a further period thus enabling the mother to regain health and strength to resume her normal household duties. The

outcome of this case was most satisfactory as the improved conditions have continued, and great credit is due to the home help for the splendid work done on this case.

The following information relates to the working of the scheme:—

Administrative staff on 31st December, 1954:

Organiser	..	..	..	..	..	1	}	2
Clerk	..	..	..	..	..	1		

Home helps employed at 31st December, 1954:

Whole time	..	..	..	..	..	10	}	77
Part time	..	..	..	..	..	67		

Cases assisted:

Maternity (including expectant mothers)	..	122	}	469
Tuberculosis	.. ..	6		
Chronic sick, aged and infirm	.. ..	269		
Others	.. ..	72		

The following figures show the amount of service given in a representative week, when 182 cases were dealt with:—

8 patients received 2 hours but less than 3 hours per day									
53	..	..	3	..	..	..	..	4	.. ..
60	..	..	4	..	..	..	..	5	.. ..

1 patient received 5 hours per day.

The remaining 60 cases were in receipt of two or more half days per week, this figure having increased by fifty per cent. over the previous year.

PAYMENT FOR SERVICE.—Of the 469 cases assisted the charges were distributed in the following way:—

				<i>Free of cost</i>	<i>Part cost</i>	<i>Full cost</i>
Tuberculous cases	...	...	...	3	2	1
Chronic sick, aged and infirm	...	...	...	207	56	6
Maternity	...	...	...	1	94	27
Others	...	...	...	15	25	32
Total	...	...	...	226	177	66

The standard charge remained at 3s. 0d. per hour, and there was no alteration in the supervision, recruitment and conditions of service of home helps.

SITTERS-UP SERVICE.—The number of cases (16) dealt with by this service is still small, but shows an increase on the number served in the previous year.



## MENTAL HEALTH.

ADMINISTRATION.—The Mental Health Sub-Committee consists of 16 members, 5 of whom are co-opted. The senior mental health worker is responsible to the medical officer of health for the service provided by this section.

The senior mental health worker and one female mental health worker have social science diplomas, the former being responsible for much of the psychaitric social work in connection with the clinic held at the local general hospital. At the present time there is a vacancy in this section for one female mental health worker. The two male duly authorised officers originally worked as relieving officers and after joining the Service attended courses arranged for such staff at the Sheffield University. The supervisor of the Occupation Centre and the assistant in charge of the nursery group there both hold the Diploma of the National Association for Mental Health, while the remaining two assistant supervisors had some years experience of teaching normal children in county schools before joining the staff of the Centre.

A psychiatric clinic is held each Wednesday morning at the Grimsby General Hospital staffed by psychiatrists from the mental hospital who advise the staff of the mental health section on any difficulties which may arise. A fortnightly case conference is held in the mental health office by the psychiatrist attending the clinic and, where desirable, patients or relatives are seen with the social worker in attendance. Where the psychiatrist requires further domiciliary visits these are discussed at the case conference and particular needs, such as employment or social problems, are outlined. The psychiatrists are also available on these days for domiciliary visits in cases of special difficulty. As directed by the Psychiatrist, supervisory visits are paid to all patients leaving the mental hospital and particular attention given to problems of re-employment. The mental health workers also assist with patients coming home on licence or holiday leave from mental deficiency institutions, in accordance with the requests of the medical superintendent, and where escort of patients from institutions at a distance would present a serious problem, this is also undertaken. Reports on home conditions are furnished as required and some patients on licence or under guardianship attend the girls' club held in the town by the junior mental health workers.

There is no voluntary association for mental health in the Borough, but very close co-operation is maintained with the local branch of the National Association of Parents of Backward Children. This has been of great value to both sides, particularly as regards the Occupation Centre.

Officers are sent to appropriate courses whenever the opportunity presents itself and visits have been arranged to all other sections of the health services, together with child guidance, children's homes and hospitals.



Opportunities are offered to each member of the Occupation Centre staff to take further courses if they wish, the senior nursery assistant having completed the diploma course arranged by the National Association for Mental Health in the year under review.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.—Under Section 28 of the National Health Service Act, 1946, visits are paid to patients referred by other organisations. Some referrals are made by the Welfare Services, Police, Probation Officers, employers, Members of Council and officers of the N.S.P.C.C., but the majority are referred by the family doctor and relatives. Such referrals are followed up and where needed an early appointment is arranged at the psychiatric out-patient clinic. There is seldom any delay in securing psychiatric advice and regular visits are paid to mentally ill patients as frequently as appears to be necessary in the same way as the supervisory visits are paid to mental defectives.

Close co-operation between the officers of the National Assistance Board and the Local Authority staff has been continued and has greatly assisted the mental health workers. Officers of the Ministry of Labour provide similar co-operation particularly with regard to resettlement of patients in the community after a stay in hospital, and this is much appreciated.

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.—The senior mental health worker and two duly authorised officers are responsible for immediate action under the Lunacy Acts. The workers visit and, if necessary, arrange immediate admission to hospital for observation or treatment at whatever hour such cases are referred. The two junior mental health workers share with the duly authorised officers the home visiting, accompanying patients to hospital, and on their return assist where possible to place them in employment. Every effort is made to keep up the continuity of contact with each patient by the officer first dealing with the case and a good personal relationship is therefore developed between officer and patient. A number of patients visit the office regularly for assistance in all kinds of domestic problems and ask quite firmly for their own particular officer.

The social worker of the mental hospital contacts the mental health workers and discusses with them special difficulties of patients about to leave hospital and occasionally a joint visit is paid, the case usually being supervised by the mental health workers once the patient is discharged. No problems of overlapping have occurred as a satisfactory decision is always reached between the various officers before the work is undertaken.

The restriction in the admission of voluntary patients, particularly females, continues to present a serious handicap to the normal development of the Service. This is especially so for patients previously helped by hospital treatment and who seek this help again, or by those in the very early stages of illness. Many of these must later be admitted to hospital for a longer stay.

The following cases were admitted to Bracebridge Heath Hospital during the year:—

	MALES	FEMALES	TOTAL
Voluntary .. .. .	23	15	38
Temporary .. .. .	—	1	1
Certified .. .. .	16	31	47
Section 20 (Scartho Road Infirmary)	11	15	26
Section 20 (Bracebridge Heath Hospital)	6	4	10
Section 21 .. .. .	10	13	23
	<hr/> 66	<hr/> 79	<hr/> 145

Included in these figures are one or two patients who were admitted under short term order and then re-graded, usually to voluntary status. In addition to the above figures, 12 patients were admitted to Bracebridge Heath Hospital by sources other than the local authority staff.

Cases have been dealt with by the duly authorised officers as follows:—  
Senior Mental Health Worker—33 plus 69 calls with no action taken under Lunacy Acts.

Mr. Rackham 33 plus 94 calls with no action taken under Lunacy Acts.

Mr. Mackenzie 47 plus 91 calls with no action taken under Lunacy Acts.

The services of the borough ambulances were required on 93 occasions.

MENTAL DEFICIENCY ACTS, 1913—1938.—The majority of these patients are referred by the School Health and Maternal and Child Welfare Services, medical practitioners and welfare officers. Other sources of referral are parents, police, probation officers and employers, but the numbers so referred are small. The mental health staff arrange for the medical section of the ascertainment form to be completed in respect of school children, and in this way, any additional knowledge of the family which may be helpful can be added. The staff are frequently in contact with homes where such difficulty in the family already exists as they are responsible for statutory supervision visits, and they also pay any after-care visits required to educationally sub-normal children not reported for statutory supervision on leaving school.

There is an extensive guardianship scheme in the Borough. One new case was placed under this form of care during the year but was found to be unsuitable, the patient later being admitted to an institution. The guardians of four patients died, but in each case a relative was found to accept the care of the patient. One patient died during the year. All cases are visited by the officers of the department as required by statute and an annual medical inspection is arranged on behalf of each case. The National Assistance Board is responsible financially for the majority of guardianship patients, some of whom attend the Occupation Centre.

One defective epileptic pays several visits each month to the office and special arrangements have been made for his rent to be paid, clothing and bedding provided for his family; and co-operation with the National

Assistance Board, the Yorkshire Electricity Board, the Ministry of Labour and National Service, the Grimsby, Cleethorpes and District Water Board and the Women's Voluntary Service is a regular feature in this case. As the requests are usually made at the moment the emergency arises most of this work is done by telephone.

Two patients in regional hospital board accommodation attend the Occupation Centre daily. In addition, one of these and another girl in Part III Accommodation are conveyed once a week to the Girls' Club which is held at this Centre. Several patients who have been brought up in the children's homes under the care of the local authority are supervised by the boarding out officers, but close co-operation is maintained with the mental health section. One such officer, who is also a member of the Home Guard, has been able to enlist one or two suitable boys into his platoon. This innovation has shown encouraging results.

Five males and 5 females were admitted to institutions, thus reducing our waiting list considerably so that at the end of the year it consisted of 7 cases only.

Suitable employment was found for 4 cases, and licence was granted to several patients as well as being extended on behalf of others.

Fifteen persons (2 adults and 13 children) were referred for dental treatment at the local authority's clinic, and made 23 attendances.

**GIRLS' CLUB.**—A Girls' Club, which is run by the two junior mental health workers, caters mainly for girls of 16 to 30 years who are under guardianship, statutory supervision or on licence. This club functions on one evening a week and several of the girls join the group on leaving their work. Tea is followed by the usual activities such as country dancing, handwork and singing, and old-time or square dances are a very popular feature; there are also occasional cookery demonstrations. The summer coach outing and the Christmas party are now regular treats in the club calendar. In addition, an outing was arranged to the Teachers' Operatic Society production of "The Gondoliers" and in the summer a visit was paid to the home of the senior mental health worker. Most of the patients attend regularly and in some cases this is almost their only social activity.

**OCCUPATION CENTRE.**—Fifty-two patients, including 6 part-time and 10 from the Borough of Cleethorpes, attend this Centre. The woodwork class, supervised by one of the duly authorised officers, continues to provide advanced work for a few boys, whilst the junior class, which is run by one of the permanent staff at the Centre, provides great interest for less advanced boys. Training in this class has resulted in one boy being placed in employment, while another boy was able to return to an ordinary school.

During the year two students have been seconded to the Centre from the diploma course in Manchester. A radiogram, bought by the N.A.P.B.C. for the use of the children and of the Girls' Club, is much appreciated by both staff and patients. The erection of the proposed new centre is eagerly awaited and it is hoped that the plan now under consideration will come to fruition in the coming year.

PART IV.

SANITARY CIRCUMSTANCES

Water supply

Rivers and streams

Sewerage and drainage

Public cleansing

Sanitary inspection

Pest control

Atmospheric pollution

## IV.—SANITARY CIRCUMSTANCES.

Mr. Harold Parkinson, Chief Sanitary Inspector, has compiled this section of the report:—

**Inspectorate.**—As in 1953 the staff was below establishment. With the growing national shortage of sanitary inspectors there was little response to several advertisements in the technical journals.

Lack of qualified staff had a bad effect on settled and organised district work. Pressing and urgent work was given priority irrespective of normal district boundaries. The re-opening of four private slaughter-houses and the continued use of the Ministry of Food abattoir added to the difficulties.

**Water Supply.**—(a) *Public supply.* The constant supply provided throughout the town by the Grimsby, Cleethorpes and District Water Board proved adequate and satisfactory.

Specimen reports are set out below

*Report by pathologist of bacteriological examination of town's water taken on 13.12.1954.*

Central Pathological Laboratory,  
Grimsby General Hospital, Grimsby.

*Sample C.R.A.6. Laboratory Ref. No. 410165.*

Plate count	3 days at 22°C. aerobically	..	2 per m.l.
	2 days at 37°C. aerobically	..	3 per m.l.
Coliform bacilli absent from 100 m.l.			
Cl. welchii absent from 50 m.l.			

16.12.1954. (signed) F. HAMPSON, Pathologist.

*Report by Public Analyst.*

67 Surrey Street,  
SHEFFIELD, 1.

*Physical Characters.*

Suspended matter	..	..	..	..	..	None
Appearance of a column 2 ft. long	..	..	..	..	..	Clear; colourless
Taste	..	..	..	..	..	Normal
Odour	..	..	..	..	..	None



*Chemical examination.*

						<i>Parts per million</i>
Total solids dried at 180°C. .. .. .	..	..	..	..	..	330.0
Chlorides in terms of chlorine .. .. .	..	..	..	..	..	19.0
Equivalent to sodium chloride .. .. .	..	..	..	..	..	31.3
Nitrites .. .. .	..	..	..	..	..	none
Nitrates as nitrogen .. .. .	..	..	..	..	..	3.00
Poisonous metals (lead etc.) .. .. .	..	..	..	..	..	none
Total hardness .. .. .	..	..	..	..	..	258.0
Temporary hardness .. .. .	..	..	..	..	..	208.0
Permanent hardness .. .. .	..	..	..	..	..	50.0
Oxygen absorbed in 4 hrs. at 80°F. .. .. .	..	..	..	..	..	0.052
Ammoniacal nitrogen .. .. .	..	..	..	..	..	0.004
Albuminoid nitrogen .. .. .	..	..	..	..	..	0.016
Free Chlorine .. .. .	..	..	..	..	..	none
pH value .. .. .	..	..	..	..	..	7.4

*Remarks:*—satisfactory.

(Signed) For John Evans (A. H. Allen & Partners).

21.7.1954.

HUGH CHILDS.

(b) *Private supplies*—Bores and wells.

31—at industrial and commercial undertakings.

3—at houses on the outskirts of the town.

**Rivers and Streams.**—River Freshney—Several suggestions were made in the Town Council as to the future use of this stream. Complaints were received about its condition and representations were made to the Lincolnshire Rivers Board.

**Sewerage and drainage.**—Continued progress can be reported in the erection of the new pumping station at Pyewipe and the extension of the Riby Street Pumping Station.

After prolonged discussions with owners the drainage systems at three large houses in Ferriby Lane, Scartho, previously draining to cess-pools, were connected to the public sewer.

**Closet Accommodation.**—Comparatively very few houses in the county borough are without water closets connected to the public sewer. Those with pail closets in use are on the outskirts of the town.

**Public Cleansing.**—Considerable improvement was effected at the Spring Bank tip and complaints were not received this year about fly nuisances.

The Cleansing Superintendent (Mr. W. A. Turner) reports that 24,655 tons, 13 cwts. of house and trade refuse collected in the County Borough were disposed of by controlled tipping at Spring Bank.

Salvaged materials amounted to 1,856 tons including 1,295 tons waste paper and 150 tons of metal (tins etc.) and 350 tons of kitchen waste. The special collection of kitchen waste was discontinued on 31.12.1954.

4,420 ashbins were issued under the scheme operated by the Corporation.

### Sanitary Inspections.

Accumulations .. ..	70	Animals .. ..	18
Ashbins .. ..	3	Caravans .. ..	26
Complaints received and investigated ..	2,332	Dirty houses and persons	74
Drain tests .. ..	77	Drainage .. ..	2,620
Infectious disease enquiries	443	Factories and outworkers	35
Offensive smells ..	62	Lodging houses ..	21
Offensive trades ..	46	Miscellaneous matters ..	2,395
Piggeries and stables ..	38	Passages and yards ..	252
Rooms disinfected after infectious disease ..	130	Rats and mice .. ..	67
Water supply .. ..	26	Smoke observations ..	65
		Verminous premises ..	129

### Housing.

Houses, defects and nuisances (Public Health Act) .. ..	3,258
Houses (Housing Act) .. .. .	71
Overcrowding (Housing Act) .. .. .	55
Basements .. .. .	9

### Notices.

Informal notices served .. .. .	996
Statutory notices served .. .. .	341
(All Public Health Act)	

Work in default was carried out by the Corporation at the cost of the owners in respect of 43 notices.

Defects remedied and nuisances abated included:—

Accumulations cleared	6	Animal etc. (nuisances abated)	1
Chimney repairs ..	31	Doors and frames renewed	
Drains cleared ..	788	or repaired .. ..	93
(involving 3,240 houses)		Drain repairs .. ..	78
Drain and inspection chambers (new) ..	8	Eavesgutters new and repaired .. ..	148
Fireplace and range repairs	114	Floor repairs or renewals	117
Houses cleansed ..	2	Handrails provided and refixed .. ..	10
Passages paved and repaired	3	Offensive smells abated	5
Rain water pipe repairs and renewals .. ..	34	Plaster repairs .. ..	249
Sink and pipe repairs ..	18	Roof repairs .. ..	239
Wall repairs .. ..	43	Stairway repairs ..	6
Window repairs ..	132	Wash boiler repairs and renewals .. ..	25
Yards and paths repaired and repaved ..	55	Water pipes and taps repaired	38
Watercloset repairs ..	207	Yard walls and gates repaired	2

**Paving of Passages.**—A limited amount of work was proceeded with under the provisions of the Public Health Act 1936, following the service and enforcement of statutory notices.

**Persons needing care and attention.**—National Assistance Act—Section 47.

Reports were received about 26 aged persons—most of whom were senile and ailing. The burden of caring for some of them was proving too much for relatives—occasionally an aged married partner was struggling to cope. A few of the unfortunate people were without anyone to help them in their plight.

12 persons were admitted to the Scartho Road Infirmary—others remained at home after arrangements had been made with the Home Nursing Service and Domestic Helps to give whatever assistance was possible.

At several houses the prevailing conditions were deplorable—considerable cleansing and disinfestation were needed after the removal of the person. This work was ably undertaken by the Corporation disinfectors.

It was not necessary to apply to the magistrates for an order in any instance.

<b>Offensive trades:—</b>	Tripe dressers	..	3
	Fish meal makers	..	1
	Fat melters	..	3
	Fish curers	.. ..	28
	Hide and skin dealers		2
	Gut scraper	..	1
	Rag and bone dealers		4

**Fish curing.**—The Grimsby Town Council refused to renew the permission for the continuing of fish curing at three offensive trade premises.

One firm removed to premises in the Rural District at Pyewipe and two curers found premises on the fish docks.

The foundations were laid of the first new fish curing house on the Orwell Street site.

Fortunately this year there was not a recurrence of the 1953 trouble of offensive smells at the Pyewipe fish meal works.

**Alkali works.**—These are situated on the Humber Bank, just outside the county borough boundary at Pyewipe. Occasionally complaints were received from Grimsby residents about fumes from the titanium factory.

Details of each complaint were referred to the Alkali Inspector at Sheffield, as such plants in this district are under his supervision and he made the necessary investigations.

**Pest control.**—The Corporation employ three rat catchers and the main poison used was Warfarin with continued success.

As usual the public sewers received their twice yearly treatment, with diminishing numbers of infestations.

A few large firms have contacts with private firms for the control of rats and mice.

**Eradication of vermin.**—D.D.T. sprays were continued to be used effectively in clearing bug and flea infestations. Before furniture, bedding etc. were removed from 28 houses in the Unfitness and Re-development areas to new houses, inspections and sprayings were carried out. Disinfestations undertaken included:—

26 for bugs (including 6 council houses)
27 for fleas (including 2 council houses).
23 for beetles.
5 for lice.
3 for woodworm.
2 for ants.
1 for moths
1 for wasps.

**Atmospheric pollution.**—Deposits from the two gauges at Bargate and the back of Freeman Street continued to be examined during the year.

Extracts from the analytical records are as follows:—

Lowest weight of deposit in any month (tons per square mile).

Bargate	4.54
Back Freeman Street	9.09

Heaviest weight of deposit in any month (tons per square mile).

Bargate	25.70
Back Freeman Street	20.34

Average monthly deposit (tons per square mile)

Bargate	10.96
Back Freeman Street	14.46

Complaints were received about the emission of grit from the chimney of one large firm and this nuisance received attention over a long period. The management staff and consultant were interviewed to secure abatement. Several recommendations were made and their application attempted with varying results. The nuisance was greatest at peak load periods—but with careful and intelligent stoking best results were achieved. Our endeavours to reach a satisfactory solution still continue.

**Factories Act.**—Building plans for new factories, extensions and alterations were scrutinised and where they failed to comply with the requirements, the firms concerned were notified and the necessary amendments made.

The statistical report is in the appendix.



**Places of Entertainment.**—Improvements to sanitary conveniences at one of the cinemas were completed by the end of the year. All the cinemas now comply with the standards set by the Grimsby Town Council. Generally, the sanitary conditions throughout the year were satisfactory.

**Fairground.**—This year the customary fair was held in a field off Gilbey Road and not adjoining the new housing estate in Carr Lane. Temporary sanitary conveniences were erected and there was little cause for complaint.

**Swimming baths.**—All the samples of bath water taken at Eleanor Street and Orwell Street baths proved to be satisfactory.

Negotiations with government departments continued for the erection of a new public swimming bath by the Grimsby Corporation.

The general public used the Alexandra Dock and the River Head for bathing—as can be expected the dock water was not filtered.

The two private open-air swimming pools were again used by members of a scout troop in their camping ground in Springfield Road, Scartho and by members of the R.A.F. Association Club in the grounds of their social club at the Abbey. Both pools were without filtration plant but chemical treatment of the water was undertaken.

#### **Rag Flock and other Filling Materials Act and Regulations.—**

Licences for storage of rag flock for sale 1

Registered for use of filling materials 5

**Shop Acts.**—During periods of cold weather visits were paid to shops to ascertain the prevailing temperature. Informal action was taken where necessary.

Improvements in sanitary accommodation were secured at certain premises during alterations approved by the Town Council.

**Schools.**—Improvements at St. John's School, Cleethorpe Road, continued during the year.

**Disposal of the dead.**—The new municipal crematorium was completed and opened on 21st July, 1954. Certain tests of equipment were undertaken in conjunction with the Borough Engineer prior to use.

The first cremation took place on 5.8.1954 and at the end of the year 145 cremations had been carried out. This total included 61 Grimsby residents and 84 from other parts of the county.

One exhumation was carried out during the year by authority of the Home Secretary. The remains of a Norwegian sailor killed during World War II were exhumed and then cremated. The ashes were sent to Norway at the request of the Norwegian Government.



PART V.

HOUSING.

New houses

Demolitions

Unfit houses

Housing Inspections

## V.—HOUSING.

This section of the report has been prepared by the Chief Sanitary Inspector.

**New Houses.**—805 were built in the county borough.

**Demolitions.**—68 were demolished, chiefly in the Victoria Street Unfitness Orders Nos. 1 and 2 and Bath Street Unfitness Order made under the Town and Country Planning Acts.

**Slum Clearance.**—The Chief Sanitary Inspector completed a survey of the county borough and submitted a provisional report and list of properties requiring consideration by the Housing Committee for the formulation of slum clearance programmes to be undertaken during the coming years. Towards the end of 1954 members of the House Letting Sub-Committee commenced their visits and inspections of properties set out in the list.

The Council's scheme for slum clearance requires to be completed and submitted to the Ministry of Housing and Local Government not later than 31.8.1955.

### Unfit Houses.

Housing Acts 1936—1949

Town and Country Planning Act 1947

9 houses 442, 444, 446, 452 Victoria Street, 8, 20 Cleethorpe Road, 322, 324 Burgess Street and Bk. 251, 253 King Edward Street, were included in the Victoria Street Unfitness Order No. 4 after consideration of reports and visits by members of the Town Council.

### Section II—Housing Act 1936.

16 houses—41 Cavendish Street, 117 Connamore Road, 1, 2, 3, 4 & 5 Dawson's Buildings, Bk. Freeman Street, 101 Hope Street, 23 Kent Street, 70 Orwell Street, 53, 55 and 57 Pasture Street, 1 and 2 Lyric Cottages back 106 Victoria Street, The Cottage, 2 Waltham Road, were reported to the Town Council as unfit for human habitation and could not be made fit at reasonable expense and the appropriate Closing Orders and Demolition Orders were made by the Council with the exception of 2, 3, 4 & 5 Dawson's Buildings when action was deferred.

**Overcrowding.**—Serious cases of overcrowding discovered during routine visits were submitted to the Housing Officer for consideration by the House Lettings Sub-Committee. Applications on medical grounds,

particularly tuberculosis, were referred to the House Lettings Subcommittee for special consideration.

**Caravans.**—An occasional caravan came into the town and on enquiry it was found that the tenant was not aware of the provisions of the Grimsby Corporation Act which requires prior permission from the Town Council before a van can be used in the county borough for living purposes.

The Parks Committee took court proceedings against gipsies who had encamped in the Weelsby Woods. The caravan dwellers left the district within hours after being fined by the magistrates.

**Basements.**—Draft regulations were submitted to the Ministry of Housing and Local Government for approval to enable the Town Council to deal with the few basements which are used as dwellings in the county borough.

**Common Lodging houses.**—Three premises continued to be registered as common lodging houses and one hostel as a seamen's lodging house.

**Housing Repairs.**—The requirements in notices served under the Public Health Act were limited to secure the remedy of defects like leaky roofs, dangerous floors, damp walls, etc., to make houses at least weather-tight.

Court proceedings were not taken in 1954 nor were inspections made under the Housing Consolidated Regulations 1925.

**Housing Act, 1949, Improvement Grants.**—40 Applications were received and dealt with by the Chief Sanitary Inspector. As in previous years most of the schemes submitted were from owner occupiers for the provision of bathrooms, hot water supplies and ventilated food stores.

Property owners generally do not appear to be interested in using the provisions of the Housing Acts for the improvements of properties which are let to tenants.

**House Purchase.**—81 properties were surveyed by the Chief Sanitary Inspector in response to applications for loans from would-be owner occupiers under Section 4 of the Housing Act.

He also made 9 inspections relating to houses for which applications had been received by the Town Council for guarantees by building societies.

**Housing Repairs and Rents Act 1954.**—Since this Act became law 49 applications were received for Certificates of Disrepair and of these one was refused, two withdrawn and forty-six granted of which six were later revoked.

At first only a few applications were received but the frequency increased as the owners issued their demands for increased rent.

During the inspections it was interesting to note how many improvements had been carried out by the tenants themselves.

**PART VI**

**INSPECTION AND SUPERVISION OF FOOD**

**Meat inspection**

**Milk supply**

**Food hygiene**

**Food premises**

**Food and drugs sampling**

## VI.—INSPECTION AND SUPERVISION OF FOOD.

Mr. Harold Parkinson, Chief Sanitary Inspector is responsible for this section of the work:—

### Inspections.

Bakehouses .. ..	77	Dairies and milk vendors ..	20
Fish curers .. ..	69	Fish shops .. ..	35
Food preparers .. ..	87	Fried fish shops .. ..	84
Greengrocers .. ..	37	Grocers .. ..	232
Ice cream makers and vendors	54	Markets .. ..	280
Meat shops and stores ..	117	Restaurants and cafes ..	27
Slaughterhouses .. ..	1,942	Other matters .. ..	152

**Meat Inspection.**—Following the decontrol of meat the Town Council considered seven applications for licences for private slaughterhouses. Four were granted until 31.12.1954, two were refused and one applicant did not proceed further with his application.

The Ministry of Food invited the Grimsby Corporation to purchase the Government abattoir in Cromwell Road which had been in use about 18 months. During the year there were considerable discussions in the Town Council about the Corporation's policy. Deputations from the Town Council discussed the purchase with Ministry officials but at the end of the year negotiations were still in progress.

Corporation representatives also met members of the Grimsby Butchers Association and the officers of the Fat Stock Corporation regarding the use of the abattoir.

At one time the Fat Stock Marketing Corporation stated they were interested in taking over the abattoir and allowing private traders facilities to have their beasts slaughtered there but when this was pursued for no apparent reason the Fat Stock Corporation stated they were no longer interested in taking over the abattoir under the previous suggestion.

At the end of control an association of Grimsby butchers found that they could not provide adequate slaughtering arrangements in the town other than at the abattoir and on representations being made to the Ministry of Food the Ministry undertook to continue the use of the abattoir provided those wishing to slaughter there paid the necessary charges fixed by the Ministry.

It seems strange that a modern abattoir built and equipped from the national purse and capable of dealing with the provision of meat supplies for a large area surrounding the town was not used to capacity, although private slaughterhouses which had been closed since 1940 were re-opened in the county borough and the adjoining districts. Concentration of slaughtering of animals now appears to be a "dead letter."

For the first time for a number of years calves slaughtered have been found to be free from tuberculosis.

Four cows from adjoining districts were slaughtered under the Tuberculosis Order.



**Cysticercus bovis and ovis.**—Carcases and offals of bovines continued to be examined for this parasite as a matter of routine and 51 were found to be infested and were placed in storage for 21 days at temperatures below 20°F. After removal from cold store the meat was again examined after the carcases had been jointed in the butchers' shops.

Four sheep were found to be infested with *C. Ovis*.

*Carcases inspected and condemned.*

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	4,326	1,419	300	18,753	15,194
Number inspected ... ..	4,326	1,419	300	18,753	15,194
All diseases except tuberculosis. Whole carcases condemned. ... ..	10	20	8	44	42
Carcases of which some part or organ was condemned	1,911	949	4	2,099	4,787
Percentage of the number inspected affected with diseases other than tuberculosis ... ..	44.41%	68.29%	4.00%	11.43%	31.78%
Tuberculosis only. Whole carcases condemned ... ..	15	45	—	2	15
Carcases of which some part or organ was condemned. ... ..	672	536	—	—	1,724
Percentage of the number inspected affected with tuberculosis ... ..	15.88%	40.94%	—	.01%	11.45%

Diseases and other conditions found included:—

Angioma, actinomycosis, abscesses, arthritis, bruising, cysts, cirrhosis, cysticercus bovis and ovis, distomatosis, decomposition, enteritis, emaciation, emphysema, erysipelas, fatty degeneration, fever, gastritis, gangrene, hepatitis, haematoma, hydronephrosis, immaturity, Johnes disease, jaundice, mastitis, melanosis, necrosis, nephritis, oedema, various parasites, pericarditis, peritonitis, pleurisy, pneumonia, pentastomes, pyaemia, pyelonephritis, metritis, uraemia, tuberculosis, tumours.

Weight of meat condemned:—95 tons, 1 cwt. 3 lbs.

In addition 1 ton 18 cwt. 43 lbs. of meat, mainly imported, was condemned at the abattoir (mainly because of bone taint).

**Horse Flesh.**—Shortly after the decontrol of meat supplies the only horse flesh shop in Grimsby closed.

**Dog and cat meat shops.**—Once again it is necessary to refer to the sale of uncooked flesh in retail shops.

Now the Ministry have power to make regulations relating to the sale of such uncooked meat it is hoped that this will be implemented without delay so as to safeguard both humans and animals against the possible dangers from handling and using such diseased meat.

### **Milk Supply.**

#### *Registrations and licences:—*

Wholesalers of milk .. .. .	4
Retail purveyors of milk .. .. . (including 16 with premises in Grimsby, 6 from outside the district and 409 bottled milk vendors)	431
Licensed pasteurisers of milk .. .. . (high temperature short time)	3
Licences to use designation Tuberculin Tested (Pasteurised) milk .. .. .	3
Supplementary and dealers licences for sale of Pasteurised milk .. .. .	15
Supplementary and dealers licences for sale of Tuberculin Tested (Pasteurised) milk .. .. .	7
Licences to produce Sterilised milk .. .. .	3
Licences to sell Sterilised milk .. .. .	409

The results of the samples taken from every separate source of supply are summarised as follows:—

**Tuberculin Tested (Pasteurised) Milk.**—32 samples passed the prescribed tests and all submitted to biological examination were satisfactory.

**Pasteurised milk.**—51 samples (including school milk) satisfied the methylene blue, phosphatase and biological tests.

**Sterilised milk.**—43 samples were all satisfactory and all biological tests were negative.

**Raw milk.**—Only a minute percentage of the town's milk supply was not heat treated. Most of the raw milk came from one producer retailer whose farm is in the adjoining rural district and it is regrettable to report that once again a sample of milk contained living tubercle. The County Medical Officer of Health and the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries were informed for them to take the appropriate action.

Fortunately early in 1955 Grimsby becomes a prescribed area in which only heat treated or tuberculin tested milk can be sold.

Results of routine tests were:—

Methylene blue	..	15	satisfactory	3	unsatisfactory
B. Coli	.. ..	14	„	4	„
Biological	.. ..	15	„	1	positive
Ring & Whey tests	..	18	„		

#### Ice Cream.—

Premises registered for making ice cream	..	6
Premises registered for sale of ice cream	..	387

Most of the ice cream sold in Grimsby came pre-packed from large firms in other districts. One local trader discontinued making ice cream in 1954.

Of the 35 samples submitted for examination 31 were placed in Grade I and 4 in Grade II.

Faecal B. Coli was absent from all the samples.

8 samples of ice cream submitted for chemical analysis attained the legal standard.

5 iced lollies on analysis were found to be free from impurities.

**Food hygiene.**—At a catering exhibition held locally a stand was set up by the Corporation and a display made of posters relating to the practice of food hygiene.

The practice of inspectors giving advice to workers “on the job” continued. At one large food factory where casual labour is employed an intensive drive was made for greater effort to make the standard of hygiene already practiced still better. The responsible officials of the firm were most co-operative and had from time to time made improvements on their own initiative.

The provision of sinks and hot water supplies in foodshops continued to receive attention by the sanitary inspectors.

The promised regulations relating to food hygiene are awaited with interest so that further efforts can be made to enforce improved standards, which at present are not covered definitely by legislation.

**Food premises.**—This summary includes food preparing premises (Section 14—Food and Drugs Act). At 31.12.1954 the numbers were:—

Bakehouses 67, butchers shops 125, cafes, restaurants and snack bars 63, bread and cake shops 65, dairies 12, fried fish shops 88, fish cake making premises 18, fish curing houses 27, greengrocers shops 141, grocers and general shops 380, ice cream factories 6, ice cream shops 387, jam and preserves factory 1, mineral water works 6, pickle works 2, potato crisp factories 2, poultry dressing places 3, sausage making premises 68, shell fish preparation premises 4, sweet factories 5, tripe dressing premises 3, wet fish shops 21, wholesale grocery depots 17.

Open market stalls—biscuits and cakes 7, fruit and vegetables 64, butchers and poulterers 19, sweet stalls 8, tinned goods 6.

**Bakehouses.**—One of the large firms moved a considerable part of their business to a new bakehouse erected in the Grimsby Rural District. Another firm submitted plans for the reconstruction of their premises.

It was necessary to seize 94 meat pies which had been contaminated by mice. These pies were destroyed after they had been condemned by a Justice of the Peace.

A mother complained about a piece of glass embedded in an iced bun made in a Grimsby bakery.

The Sanitary Sub-Committee decided after consideration of reports not to take court proceedings. In the first case the maker was aged and ailing and went out of business immediately after the seizure was made. The second firm was warned that should a further complaint be received court proceedings would be considered.

**Fish Inspection.**—Following special inspections export certificates were issued for 112 consignments, totalling 15,961 bales of salted fish for dispatch overseas to Bahia, Bissau, Copenhagen, Faial, Funchal, Genoa, Leghorn, Lisbon, Madeira, Marmugao, Naples, Teirceria, Teixeira Lobito, Trinidad.

**Cleansing of Eels.**—Following a conference of Dr. G. S. Wilson, (Director) and Dr. McCoy of the Public Health Laboratory Service, Dr. Frank Hampson, Director of Pathological Services, Grimsby, the Medical Officer of Health and the Chief Sanitary Inspector, a start was made in certain research work relating to the efficacy of measures taken for the cleansing of eels.

It is hoped that this work will be continued during the season in 1955.

**Unsound foods included:—**

		tons	cwts.	qrs.	lbs.
Meat condemned at abattoir	..	95	1	—	3
8,984 tins of various foods	}	6	15	1	—
370 jars „ „ „					
909 packets „ „ ..					
341 bottles „ „ ..					
flavourings and medicines etc.					
152 pies and puddings					
Meat, bacon and ham	.. ..		5	3	16
Cheese	.. ..		5	3	—
Fruit	.. ..	1	19	—	14
Fish	.. ..	2	8	3	20
Confectionery..	.. ..		2	1	6
Sugar ..	.. ..	9	5	3	—
Other foods	.. ..	..	8	3	12
Total weight		116	12	3	15



**Disposal of unsound meat, etc.**—By arrangement with the contractors at the abattoir and the licence holders of the private slaughter-houses, diseased meat was removed from these premises by a Grimsby firm for processing at their meal plant at Killingholme.

Livers affected with distomatosis only were kept separate on condemnation and later removed for processing for pharmaceutical purposes by the same firm which had the contract with the Ministry of Food.

A very small amount of these livers were supplied for feeding at a mink farm after discolouration by green dye.

As the Corporation has not an incinerator unsound tinned goods were buried in the Corporation tip.

**Food poisoning.**—Three outbreaks occurred in the third quarter—two of which were family outbreaks involving 4 persons. In each family outbreak the suspected food (sausages and pork pie) came from a food factory in Hull via a Scunthorpe firm. The Medical Officer of Health of Hull was notified. The persons concerned recovered after medical treatment.

The third outbreak, lasting three weeks, occurred amongst workers at a large food factory—53 persons being affected.

Extensive and prolonged enquiries were made in co-operation with the firm's medical officer—and a bacteriologist from the Department of Pathology, Grimsby Hospital. Two canteen workers were found to be carriers of salmonella typhi murium.

The workers in the factory responded to methods devised to prevent the spread of infection. Any worker with the slightest signs of illness had to report immediately to the nurse in charge of the medical inspection room of the Welfare Department, and was then sent home for treatment by their own doctor and not permitted to return to work until three negative results had been obtained from examination of faeces.

One member of the staff received hospital treatment following repeated positive results of faecal specimens.

Samples of food produced in the factory were examined and found to be free from contamination.

The investigations in connection with this outbreak were carried out in a most competent manner by the Deputy Chief Sanitary Inspector (Mr. A. Manson).

**Samples of food and drugs.**—168 samples were taken (10 formal and 158 informal). 20 (11.9%) were reported to be unsatisfactory.



Eight samples which contained meat with cereal filler and sold as potted meat should have been described as "potted meat paste." The vendors and makers were warned about the necessity for correct labelling.

One sample of potted meat contained excess water—vendor warned.

Six samples of fluids were sold as "vinegar." It appears difficult for a certain type of shopkeeper to appreciate the necessity of correct labelling of fluids which are made of dilute acetic acid and added caramel colouring and that the term "vinegar" must not be used for such liquids.

The offending shopkeepers were advised about correct labelling and warned about possible action in the future.

The Public Analyst considered that pork sausages should contain at least 60% of pork. Three samples contained only 54.5%, 59.4% and 63.6%. As there was no definite legal standard proceedings were not taken.

A sample of "mint and butter" rock made and sold locally only contained 2.15% butter instead of 4%. The maker on being warned stated that he was not aware of the necessity of labelling such rock as "Flavoured." Containers are now marked correctly.

One sample of fish cakes contained only 27.6% of fish. The vendor made fish cakes infrequently and a follow up sample is to be taken when possible.

The satisfactory samples included:—

Aspirin tablets 2, baking powder 1, beef sausages 4, beef suet (flaked) 1, brown ale 1, butter 4, cake mix 1, chocolate coated Easter eggs 1, cider 1, cod liver oil 2, coffee 2, condensed milk 4, cream 2, cream (double) 2, Christmas pudding 2, dried milk 5, farm butter 1, fish cakes 2, ground almonds 2, halibut liver oil capsules 2, ice cream 8, ice lollies 5, jam 4, kipper paste 1, lemon cheese 1, margarine 2, marmalade 2, milk 24, mincemeat 3, nut brown ale 1, oatmeal 1, oatmeal stout 1, olive oil 2, orange drinks 2, orange drink (whole) 1, orange squash 1, peanuts 4, peanut butter 1, pepper 2, peppermint cordial 1, plum pudding 1, pork lard 1, pork sausages 9, potato crisps 2, potato powder 1, potted beef 1, pudding 1, pure lard 2, pure wheat embryo 1, raspberries (bottled) 1, rich ruby wine 1, rum 3, salad cream 2, salted fish 1, sauce 2, savouries 1, self raising flour 1, smoked fish 1, starch reduced rolls 2, table jellies 2, Tarragona wine 1, whisky 1, wholemeal flour 1.

**Public Health (Condensed) Milk Regulations and (Dried) Milk Regulations.**—The Public Analyst reported 4 samples of condensed milk and 5 samples of dried milk to be genuine.

Bacteriological tests of dried milk were also satisfactory.

**Public Health Preservatives etc. in Food Regulations.**—Again as in previous years there was no breach of the regulations reported to the Public Analyst.

**Chemical Analyses.**—The Public Analyst, Mr. Hugh Childs, B.Sc. F.R.I.C., undertook the chemical analysis of water samples and samples submitted under the Food and Drugs Act and Fertilisers and Feeding Stuffs Act.

**Bacteriological, histological and biological** examinations continued to be undertaken in the Department of Pathology, Grimsby and District Hospital.

**Fertilisers and Feeding Stuffs Acts.**—18 samples (17 inspectors' and 1 official) were examined. The samples were taken at makers premises, warehouses and retail shops.

*Fertilisers.*—2 satisfactory. One sample of a proprietary brand known as No. 7 fertiliser, made in the Lindsey C.C. area, on examination was found to be at complete variance with statutory statement issued by the makers, being deficient in phosphoric acid and potash. The presence or amount of nitrogen was not mentioned in the statutory statement. The officer of the Lindsey C.C. was informed.

*Feeding Stuffs.*—8 satisfactory, 3 samples of meals and cubes had slight excesses of oil and one sample of millers offals was found to be slightly deficient in fibre. One sample of cattle cubes was found to be deficient in oil and albuminoids, a second sample was deficient in oil only, whilst a third had an oil deficiency, but a slight excess of albuminoids.

The makers concerned were warned to be more accurate in their statutory statements.

PART VII.

ADDITIONAL INFORMATION.

Incidence of blindness

Epileptics and spastics

Health education

Medical examinations

Blood donors

Laboratory facilities

## NATIONAL ASSISTANCE ACTS: INCIDENCE OF BLINDNESS

At the end of 1954 the total number of blind persons in the borough was 177 (males 91 and females 86).

Thirty-four Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 18 persons were certified as blind and 16 as partially sighted.

There were no cases of retrolental fibroplasia.

### *Follow-up of Registered Blind and Partially Sighted persons.*

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment ...	2	1	—	7
(b) Treatment (medical surgical or optical)	13	5	—	6
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	4	3	—	6

### *Ophthalmia neonatorum.*

(i) Total number of cases notified during the year ...	2
(ii) Number of cases in which:—	
(a) Vision lost ...	—
(b) Vision impaired ...	—
(c) Treatment continuing at end of year ...	—

## EPILEPTICS AND SPASTICS.

There has been no change in the arrangements for epileptics outlined in last year's report.

On 9th June, 1954, the parents of spastic children formed the Grimsby, Cleethorpes and District Spastics Society Parents Group (affiliated to the National Society). This society has made rapid strides and already plans are well ahead for the opening of a day centre.

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:—

*Epileptics*

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school ...	Males		—	2	—	2
	Females		—	3	—	3
At special school ...	Males		—	—	—	—
	Females		—	1	—	1
At occupation centre ...	Males		—	3	—	3
	Females		—	2	2	4
*In employment ...	Males		—	—	22	22
	Females		—	—	3	3
At home ...	Males		1	—	5	6
	Females		2	1	7	10
TOTAL ...			3	12	39	54

*Spastics*

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
At ordinary school ...	Males		—	2	—	2
	Females		—	—	—	—
At special school ...	Males		—	2	—	2
	Females		—	1	—	1
At occupation centre ...	Males		—	1	1	2
	Females		—	—	—	—
*In employment ...	Males		—	—	10	10
	Females		—	—	—	—
At home ...	Males		2	1	10	13
	Females		2	1	2	5
TOTAL ...			4	8	23	35

\* Per Disablement Resettlement Officer, local office of Ministry of Labour.



## HEALTH EDUCATION.

The local health authority subscribes to the Central Council for Health Education, and full use is made of the posters, pamphlets, leaflets and other publicity material available from them.

A transportable stand introduced by the Central Council for indoor display is shown at a number of pre-selected premises in the borough as a permanent feature of health education, and the topics are changed at regular intervals.

Through the good offices of the editor a panel in the local evening newspaper has been placed at the disposal of the health department in which contributions of general interest appear every three weeks under the title of Your Health Service.

The journal Better Health is distributed each month through the authority's welfare centres and clinics.

Every effort is made by health visitors to teach mothers how to prevent accidents in the home, and posters received monthly from the Royal Society for the Prevention of Accidents are displayed in clinics. In addition, class teaching is done at clinics with the aid of demonstration and film strips, and booklets on the prevention of accidents are distributed.

The medical officer of health gave 6 lectures and talks to various organisations in the borough on public health matters. The chief sanitary inspector and the health department almoner also gave talks on 4 occasions on their own particular duties to interested organisations who had asked for their services. Details are set out below:—

				<i>Approximate attendance</i>
7.1.54.	Weelsby Ward Labour Association	..	..	12
19.1.54.	St. Columba's Church Ladies Guild	..	..	40
1.2.54.	Clee Ward Labour Association	..	..	16
11.2.54.	Grammar School for Girls, 6th Form Society			44
9.3.54.	Nursery Parents Association, South Parade			
	Primary Infants' School	..	..	30
31.3.54.	South Branch Young Conservatives	..	..	20
29.5.54.	Home Nursing Service, Grimsby and District			
	Branch of the Royal College of Nursing			24
7.9.54.	Old Clee Townswomen's Guild	..	..	100
10.11.54.	Grimsby Insurance Institute	..	..	30
21.12.54.	Grimsby Trades Council	..	..	20

## MEDICAL EXAMINATIONS.

Medical examinations for superannuation purposes were carried out on 197 employees during the year, 179 by medical staff of the department and 18 by requests to other local authorities. Of these, one candidate was referred to the medical referee, four for x-ray examination of the chest, three were deferred for re-examination after serving a probationary period in the post occupied, and eight were found unfit for entry into the superannuation scheme.

Seven employees for retirement on medical grounds were referred to the medical referee of the Corporation, and the Medical Officer of Health investigated and made special reports on 13 employees who had been absent from duty for a period of three months and over.

Forty candidates for admission to training colleges were also examined by the medical staff; x-ray examination of the chest was performed on nine such entrants, one candidate being found to be unfit for admission. Examinations for entry into the teaching profession numbered eleven, two of these by requests to other local authorities and the remainder by the medical staff, and all these candidates received x-ray examination of the chest before appointment.

In March, 1954, the Education Welfare Sub-Committee passed a resolution that in future all applicants for employment in the School Meals Service must pass a satisfactory medical examination, which includes tests for carrier conditions. This is a valuable protection against the risk of food poisoning and it justifies the time and trouble taken. It should be observed that since the inception of this scheme out of a total of 79 persons examined 3 were found unfit for employment due to a carrier condition. Theoretically, any one of these three could have caused an epidemic among the school children.

The above represents a total of 334 medical examinations during the year, 307 of which were performed by medical staff of the Health Department.

As recommended in Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—75 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

In accordance with paragraph 5 of Ministry of Health Memorandum 221, dated January, 1939, 17 employees of the Grimsby, Cleethorpes and District Water Board were found to be fit for employment in a water undertaking.

## BLOOD DONORS.

Facilities are offered to the Sheffield Regional Transfusion Team to hold taking sessions at the local authority's clinics, and 10 such sessions were held at Watkin Street Clinic.

## LABORATORY FACILITIES.

The examination of specimens is carried out in the laboratory at the Grimsby General Hospital. A total of 823 specimens were sent by the health department for examination.

PART VIII.

STATISTICAL TABLES.

Table 1.—Vital Statistics of the whole Borough during 1954 and previous Years.

YEAR	Total Popula- tion estimated to middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Un- corrected Number	Nett		Number	Rate	of Non- residents registered in the District	of Resid- ents not registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1938	92,320	1628	1613	17.4	1141	12.3	116	29	79	49	1054	11.4
1939	92,230	1576	1563	16.9	1161	12.8	108	51	83	53	1104	12.1
1940	82,560	1501	1558	18.8	1250	15.1	168	55	80	52	1137	13.7
1941	78,680	1398	1403	17.8	1195	15.1	148	61	80	57	1108	14.0
1942	76,800	1500	1506	19.6	1076	14.0	124	58	84	56	1010	13.1
1943	76,460	1529	1539	20.1	1246	16.2	154	52	83	54	1144	14.9
1944	76,150	1745	1752	23.0	1062	13.9	110	49	94	54	1001	13.1
1945	78,030	1714	1686	21.6	1111	14.2	122	47	80	47	1036	13.2
1946	86,340	2121	2118	24.5	1120	12.9	133	51	71	34	1028	11.9
1947	89,190	2154	2183	24.4	1235	13.8	113	43	97	44	1175	13.1
1948	91,060	1892	1911	20.9	1073	11.7	118	36	55	29	991	10.8
1949	91,250	1830	1872	20.5	1282	14.0	203	46	63	34	1125	13.0
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.9
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0
1952	93,200	1591	1693	18.1	1150	12.3	195	85	58	34.2	1040	11.1
1953	93,300	1517	1647	17.6	1176	12.6	207	53	55	33.3	1022	10.9
1954	93,670	1606	1700	18.1	1271	13.5	247	63	42	24.7	1087	11.6

Acreage (land and inland water) ...

... 5,468

Population

...

... 94,557

At Census

Persons per acre

...

... 17.3

Private households

...

... 27,103

of 1951

Structurally separate dwellings occupied

... 25,571

Table 2.—England and Wales and Grimsby, 1938–1954.  
Birth Rates.

Year	Number of Births	Birth Rate	
		Grimsby	England & Wales
1938	1613	17·4	15·1
1939	1563	16·9	15·0
1940	1558	18·8	14·6
1941	1403	17·8	14·2
1942	1506	19·6	15·8
1943	1539	20·1	16·5
1944	1752	23·0	17·7
1945	1686	21·6	16·1
1946	2118	24·5	19·1
1947	2183	24·4	20·5
1948	1911	20·9	17·9
1949	1872	20·5	16·7
1950	1702	18·2	15·8
1951	1751	18·7	15·5
1952	1693	18·1	15·3
1953	1647	17·6	15·5
1954	1700	18·1	15·2

Table 3. England and Wales and Grimsby, 1938–1954.  
Death Rates.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Death Rate	Adjusted Death Rate	
1938	1054	11·4	12·2	11·6
1939	1104	12·1	13·0	12·1
1940	1137	13·7	14·4	14·3
1941	1108	14·0	*	12·9
1942	1010	13·1	*	11·6
1943	1144	14·9	*	12·1
1944	1001	13·1	*	11·6
1945	1036	13·2	*	11·4
1946	1028	11·9	*	11·5
1947	1175	13·1	*	12·0
1948	991	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6
1951	1127	12·0	12·6	12·5
1952	1040	11·1	11·7	11·3
1953	1022	10·9	11·4	11·4
1954	1087	11·6	12·1	11·3

\* Area comparability factor suspended by Registrar General



Table 4.—Cases of Infectious Diseases notified during the year 1954

NOTIFIABLE DISEASE.	At all ages.	umber of Cases notified.										Total Cases notified in each Ward of the Borough.												Cases treated in Hospital				
		Ages (in years).										Alexandra	Central	Clee	Coates	Hainton	Humber	North-East	Scartho	South	South-West	Victoria	Wellington		Weelsby	Wellow		
		Under 1.	1 to 2	2 to 3	3 to 4.	4 to 5	5 to 10.	10 to 15	15 to 20.	20 to 35.	35 to 45.																45 to 65.	65 up.
Scarlet fever ...	120	—	—	4	14	17	76	7	2	—	—	—	10	2	19	5	2	2	1	10	32	20	4	2	10	1	24	
Diphtheria (including Membranous Group) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Typhoid Fever ...	3	—	—	—	—	—	1	—	—	1	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	3	
Acute pneumonia ...	42	—	1	1	2	1	4	2	3	8	6	10	3	—	5	3	1	5	1	1	16	1	1	1	3	1	13	
Meningococcal Infection ...	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	
Dysentery ...	69	5	9	4	8	6	9	3	4	9	3	8	9	5	5	—	—	7	4	5	17	7	3	4	3	—	13	
Food poisoning ...	14	—	—	—	2	1	3	1	1	—	—	—	—	1	2	—	3	—	1	—	3	—	1	1	—	2	1	
Acute encephalitis (Infective) ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Ophthalmia neonatorum ...	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	
Puerperal pyrexia ...	7	—	—	—	—	—	—	—	2	4	1	—	—	—	—	—	—	—	—	—	1	4	1	—	—	—	3	
Erysipelas ...	15	—	—	—	—	—	—	—	—	1	2	4	3	—	3	—	—	—	—	—	—	2	2	—	5	—	4	
Chicken pox ...	911	40	51	85	95	92	478	42	12	14	—	2	29	36	34	11	47	33	62	180	356	16	13	22	60	12	3	
Measles ...	72	12	12	11	9	10	14	2	1	1	—	—	5	14	4	9	9	4	10	19	2	2	1	1	3	4	4	
Whooping Cough ...	269	31	31	33	52	40	75	3	2	—	—	2	7	24	32	7	23	16	8	5	54	13	2	47	27	4	7	
Acute Rheumatism ...	15	—	—	—	—	—	3	12	—	—	—	—	—	1	1	—	—	—	—	2	7	—	—	3	—	—	4	
Totals ...	1542	91	106	138	182	167	663	72	25	40	16	29	66	83	108	26	77	73	81	214	511	62	81	112	20	82	82	

Table 5.—Causes of and Ages at Death during the Year 1954

Causes of Death.	Nett Deaths at the Subjoined ages of " Residents " whether occurring within or without the District.													Total Deaths whether of 'Residents' or " Non-Residents " in Institutions in the District
	All Ages.			Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upw'ds		
	Total	Males	Females											
<b>All Causes</b> { Certified ... Uncertified ...	1087	606	481	42	2	1	7	14	64	266	293	398	650	
Tuberculosis, respiratory ...	21	12	9	...	...	...	...	3	4	9	4	1	15	
Tuberculosis, other forms ...	1	1	...	...	...	...	...	...	...	1	...	...	...	
Syphilitic disease ...	5	4	1	...	...	...	...	...	...	1	3	1	2	
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Whooping cough ...	1	...	1	...	1	...	...	...	...	...	...	...	2	
Meningococcal infections ...	1	1	...	1	...	...	...	...	...	...	...	...	...	
Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other infective and parasitic diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Malignant neoplasm, stomach	27	21	6	...	...	...	...	...	1	8	11	7	19	
Malignant neoplasm lung bronchus	41	37	4	...	...	...	...	1	1	21	14	4	18	
Malignant neoplasm, breast	20	...	20	...	...	...	...	...	4	6	4	6	6	
Malignant neoplasm, uterus	10	...	10	...	...	...	...	...	1	6	...	3	6	
Other malignant and lymphatic neoplasms...	100	55	45	1	...	...	...	1	6	38	32	22	72	
Leukaemia, aleukaemia ...	2	2	...	...	...	...	...	1	...	1	...	...	1	
Diabetes ...	11	5	6	...	...	...	...	1	1	1	3	5	10	
Vascular lesions of nervous system	159	67	92	...	1	...	...	...	2	3	50	73	77	
Coronary disease, angina ...	121	84	37	...	...	...	...	...	8	33	50	30	43	
Hypertension with heart disease	46	29	17	...	...	...	...	...	...	13	13	20	35	
Other heart disease	163	82	81	1	...	...	3	...	11	20	34	94	73	
Other circulatory disease ...	39	18	21	...	...	...	...	...	...	4	4	31	20	
Influenza ...	2	2	...	...	...	...	...	...	...	1	1	...	...	
Pneumonia ...	57	33	24	3	...	...	...	...	3	12	10	29	55	
Bronchitis ...	35	24	11	...	...	1	...	...	1	6	16	11	14	
Other diseases of respiratory system	3	2	1	...	...	...	...	...	...	2	1	...	...	
Ulcer of stomach and duodenum	16	14	2	...	...	...	...	...	...	7	7	2	13	
Gastritis, enteritis and diarrhoea	2	1	1	2	...	...	...	...	...	...	...	...	1	
Nephritis and nephrosis ...	14	6	8	...	...	...	...	1	1	4	6	2	13	
Hyperplasia of prostate ...	12	12	...	...	...	...	...	...	...	...	3	9	13	
Pregnancy, childbirth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	2	
Congenital malformations	8	6	2	7	...	...	...	1	...	...	...	...	4	
Other defined and ill-defined diseases ...	127	58	69	26	...	...	...	2	13	24	21	41	99	
Motor vehicle accidents ...	9	9	...	...	...	...	1	1	3	2	1	1	8	
All other accidents ...	25	14	11	1	...	...	3	2	2	8	4	5	28	
Suicide ...	9	7	2	...	...	...	...	...	2	5	1	1	1	
Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	
TOTALS ...	1087	606	481	42	2	1	7	14	64	266	293	398	650	

Table 6.—Infantile Mortality during the year 1954.

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH		Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 Year.
<b>All Causes</b>	Certified ...	24	5	1	1	31	2	7	1	1	42
	Uncertified ...	—	—	—	—	—	—	—	—	—	—
Measles	...	—	—	—	—	—	—	—	—	—	—
Whooping Cough	...	—	—	—	—	—	—	—	—	—	—
Diphtheria	...	—	—	—	—	—	—	—	—	—	—
Influenza	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Nervous System	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Intestines and Peritoneum	...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	—	—	—	—	—	—	—	—	—	—
Syphilis	...	—	—	—	—	—	—	—	—	—	—
Meningitis	...	—	—	—	—	—	—	—	—	—	—
Convulsions	...	—	—	—	—	—	—	—	—	—	—
Bronchitis	...	—	—	—	—	—	—	—	—	—	—
Pneumonia	...	—	1	—	—	1	—	2	—	—	3
Other Respiratory Diseases	...	—	—	—	—	—	—	—	—	—	—
Inflammation of the Stomach	...	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	...	—	—	—	—	—	—	1	1	—	2
Hernia, Intestinal Obstruction	...	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	...	2	2	—	—	4	1	2	—	—	7
Congenital Debility and Sclerema	...	—	—	—	—	—	—	—	—	—	—
Icterus	...	—	—	—	—	—	—	—	—	—	—
Premature Birth	...	13	—	—	1	14	—	—	—	—	14
Injury at Birth	...	1	—	—	—	1	—	—	—	—	1
Disease of umbilicus	...	—	—	—	—	—	—	—	—	—	—
Atelectasis	...	3	1	—	—	4	—	—	—	—	4
Suffocation—in bed or not stated how	...	2	—	—	—	2	1	—	—	—	3
Meningococcal Meningitis	...	—	—	—	—	—	—	1	—	—	1
Other Causes	...	3	1	1	—	5	—	1	—	1	7
<b>Totals</b>	...	24	5	1	1	31	2	7	1	1	42

Live Births in the year—

	Males	Females	Total
Legitimate	857	752	1,609
Illegitimate	44	47	91

Totals 901 799 1,700

Nett Deaths in the year—

	Males	Females	Total
Legitimate	28	12	40
Illegitimate	—	2	2

Totals 28 14 42

Table 7—Grimsby.

Tabulation by Age, Sex and Clinical Classification of Cases Notified  
as Acute Rheumatism during the Year, 1954.

Clinical Classification of Case Notified.	Age in Years								Total all ages		Total both sexes
	0—4		5—9		10—14		15 over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Rheumatic Pains and/or Arthritis without heart disease     ...     ...     ...	—	—	—	1	4	3	—	—	4	4	8
2. Rheumatic Heart Disease (Active)     ...     ...     ...	—	—	1	1	—	3	—	—	1	4	5
(a) with polyarthritis     —	—	—	—	—	—	—	—	—	—	—	—
(b) with chorea     ...     ..	—	—	—	—	—	—	—	—	—	—	—
3. Rheumatic Heart Disease (Quiescent)     ....     ...	—	—	—	—	—	—	—	—	—	—	—
4. Rheumatic Chorea (alone)	—	—	—	—	—	—	—	—	—	—	—
TOTAL Rheumatic cases ...	—	—	1	2	4	6	—	—	5	8	13
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart disease or disorder     ...	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or Cardiac disease     ...     ...     ....	—	—	—	—	—	2	—	—	—	2	2
TOTAL Non-Rheumatic cases     ...     ...     ...	—	—	—	—	—	2	—	—	—	2	2



TABLE 8—GRIMSBY, 1954.  
TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1—2 years ...	—	—	—	—	—	—	—	—
2—5 years ...	—	1	—	2	—	—	—	—
5—10 years ...	5	3	1	3	—	—	—	—
10—15 years ...	1	3	2	3	—	—	—	—
15—20 years ...	1	10	1	1	—	1	—	—
20—25 years ...	11	7	—	—	—	2	—	—
25—35 years ...	12	5	—	4	1	1	—	—
35—45 years ...	4	3	—	—	1	1	—	—
45—55 years ...	7	5	1	—	2	3	1	—
55—65 years ...	5	1	—	—	4	—	—	—
65—75 years ...	3	—	1	1	4	—	—	—
75 and upwards	—	—	—	—	—	1	—	—
Totals ...	49	38	6	14	12	9	1	—

TABLE 9—GRIMSBY, 1954.  
TUBERCULOSIS—Ward Distribution of New Cases and inward Transfers.

Primary notifications.	WARDS.														Totals
	Alexandra	Central	Clee	Coates	Hainton	Humber	North-East	Scarbo	South	South-West	Victoria	Weelsby	Wellow	Wellington	
<i>Pulmonary</i> :—															
Males ...	2	5	1	2	2	4	2	2	11	1	7	3	4	3	49
Females ...	1	1	6	—	4	2	1	1	6	2	1	5	1	7	38
<i>Non-Pulmonary</i> —															
Males ...	—	1	1	—	—	—	1	1	2	—	—	—	—	—	6
Females ...	2	—	2	—	—	—	—	1	1	2	—	—	2	4	14
Total ...	5	7	10	2	6	6	4	5	20	5	8	8	7	14	107
<i>Inward Transfers.</i>															
<i>Pulmonary</i> —															
Males ...	—	—	—	—	—	1	2	1	4	—	—	1	—	—	9
Females ...	—	—	1	—	1	—	—	—	2	3	—	—	—	—	7
<i>Non-Pulmonary</i> —															
Males ...	—	—	1	—	—	—	—	1	—	—	—	—	—	—	2
Females ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	—	—	2	—	1	1	2	2	6	3	—	1	—	—	18
Grand Total ...	5	7	12	2	7	7	6	7	26	8	8	9	7	14	125



**Table 10—Grimsby 1954.**

**Tuberculosis.**—Notifications and Ratio of Non-Notified Deaths  
in each year of the Decennium

Year	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths.	
				Pulmonary.	Non-Pulmonary
1945	176	2·25	15·8%	14·3%	1·5%
1946	179	2·07	8·9%	8·9%	—
1947	146	1·63	13·8%	7·7%	6·1%
1948	128	1·40	—	—	—
1949	130	1·42	8·3%	8·3%	—
1950	98	1·05	25·8%	25·8%	—
1951	149	1·60	16·3%	12·7%	3·6%
1952	148	1·59	6·2%	3·1%	3·1%
1953	106	1·13	19·2%	19·2%	—
1954	107	1·14	9·1%	9·1%	—

**Table 11—England and Wales and Grimsby, 1945—1954**

Total Tuberculosis death rates in each year of the Decennium

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
England and Wales	0·62	0·55	0·54	0·50	0·45	0·36	0·31	0·23	0·19	0·17
<b>Grimsby</b>	0·80	0·64	0·72	0·74	0·52	0·33	0·59	0·34	0·27	0·23

**Table 12—Factories Acts, 1937 and 1948.**

Annual Report of the Medical Officer of Health in respect of the Year 1954 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Prescribed particulars on the administration of the Factories Act, 1937.

**PART I OF THE ACT.**

1—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	473	481	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	460	262	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	31	3	2	—
TOTAL ...	964	746	10	—

## 2.—CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases.")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1.) ... ..	111	105	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ...	1	—	—	—	—
Inadequate ventilation (S.4) ..	3	3	—	—	—
Ineffective drainage of floors (S.6.)	7	4	—	—	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient ... ..	1	8	—	—	—
(b) Unsuitable or defective ...	33	29	—	—	—
(c) Not separate for sexes ...	2	1	—	—	—
Other offences against the Act (not including offences relating to Outwork)	156	121	—	—	—
TOTAL ...	314	271	—	—	—

## PART VIII OF THE ACT.

## OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc. ....	17	—	—	—	—	—
Nets, other than wire nets ....	45	—	—	—	—	—
<b>TOTAL ...</b>	<b>62</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

TABLE 13.

## DIPHTHERIA IMMUNISATION.

Age at date of completed primary injection	Total immunised to 31.12.46	1947	1948	1949	1950	1951	1952	1953	1954	Total
Under 1 year ...	16	112	88	74	2	45	101	53	89	Under 5 years. 3,936
1—2 years ...	546	802	905	846	580	830	699	731	758	
2—3 years ...	729	158	250	142	93	230	178	166	136	
3—4 years ...	647	53	67	65	29	41	109	47	50	
4—5 years ...	668	42	47	24	18	35	60	41	51	
5—6 years ...	612	34	49	37	19	33	83	56	267	5—10 years. 6,978
6—7 years ...	863	41	50	36	9	23	92	45	263	
7—8 years ...	977	20	25	28	10	11	37	10	228	
8—9 years ...	1154	22	16	17	6	7	13	6	271	
9—10 years ...	1144	10	27	10	?	8	15	8	214	
10—11 years ...	1324	2	10	16	6	2	9	6	197	10—15 years. 4,430
11—12 years ...	1179	9	14	11	8	2	36	5	35	
12—13 years ...	1105	1	5	—	4	1	3	3	2	
13—14 years ...	1207	3	1	—	—	3	3	5	1	
14—15 years ...	1020	3	7	2	—	2	13	8	4	
Children now aged 15-years and over and immunised prior to 31.12.46	4,951	—	—	—	—	—	—	—	—	15 years and over. 14,246
<b>Totals ...</b>	<b>18,142</b>	<b>1,312</b>	<b>1,561</b>	<b>1,308</b>	<b>787</b>	<b>1,273</b>	<b>1,451</b>	<b>1,190</b>	<b>2,566</b>	<b>29,590</b>

PART IX

SCHOOL HEALTH SERVICE.

**IX—SCHOOL HEALTH SERVICE.**

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**Report of the Principal School Medical Officer.****FOR THE YEAR ENDING, 1954.**

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*To the Chairman and Members of the Education Committee.*

In presenting the Annual Report on the School Health Service for the year 1954, I am pleased to record that the statutory examinations were completed, and in addition those children who, due to lack of staff, were not examined in 1953.

The health of the school children remains satisfactory and the incidence of the notifiable infectious diseases was considerably less than during the previous year. The virus B influenza epidemic which hit many places heavily was comparatively light in Grimsby and it was not found necessary to close a school, although morning assembly was discontinued for a month during the peak period. The apparent increase in the number of cases of scabies and impetigo is largely due to the increase in routine examinations. Uncleanliness is receiving unremitting attention, and it should be clearly understood that the number of such pupils is approximately 5 per cent. of the school population, which is less than many comparable areas. It is the "hard core" of constantly recurring cases which requires a lot of time and energy on the part of all concerned.

The Mass Miniature Radiography Unit again visited Grimsby and x-rayed the chests of the school leavers. The thirteen years old group was also included because of the new scheme for B.C.G. vaccination, which was launched successfully in six specially selected schools. It entails a great deal of preliminary organisation because the repeated tests and subsequent injections, when indicated, have to be carried out to a timed schedule. The response from parents was excellent in that over 80 per cent. gave the necessary consent. Although in recent times the diagnosis and treatment of tuberculosis have improved enormously there has been no corresponding decrease in the number of cases notified and it is felt, therefore, that anything which will help in the fight against this disease is well worth the time expended. A simultaneous campaign, of immunisation against diphtheria was also done at school with the result that 5,000 children were protected during the year.



The Child Guidance Centre continues to expand its good work which is being appreciated more widely than ever.

Fortunately, it has been possible to obtain the services of a full-time speech therapist and the arrears in this important therapy are rapidly being overtaken.

The report of the Principal School Dental Officer, which also incorporates an interesting piece of research without involving extra time or money, shows more inspections at school in addition to an increase of treatment. It is to be hoped that it will soon be possible to obtain additional staff.

The Organiser of Physical Education has kindly supplied an encouraging report of improvement and progress in this all important aspect of child health.

I am most indebted to the willing help that has been given by all departments, especially so to the Education Department and the head teachers. My thanks are also extended to the school medical officers, nurses and clerical staff for their loyal co-operation.

I wish to conclude by thanking the Chairman and Members of the Education Welfare Sub-Committee for the interest shown and help given on the matters placed before them.

R. GLENN,

*Principal School Medical Officer.*

HEALTH DEPARTMENT,  
1, Bargate, Grimsby.

May, 1955.

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Dr. R. E. RICHARDSON, M.Sc.

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ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.

*School Medical Officers—*

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EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

MARGARET M. EDMONDSON, M.B., Ch.B., (appointed 1-2-54)

*Principal School Dental Officer—*

D. W. HUNT, L.D.S., R.C.S., (Eng.).

*School Dental Officer—*

G. S. WATSON, B.D.S., L.D.S.

*Superintendent Health Visitor/School Nurse—*

Miss M. KELLY

*Health Visitors/School Nurses—*

Mrs. I. HALDANE.

Miss M. C. BUGG.

Miss J. D. M. VARRIE,

Mrs. M. B. WHEATLEY,

(res. 4-9-54)

Miss K. CORR.

Miss J. BELL.

Miss K. L. SPENCER.

Mrs. M. REDSTON (res. 20-5-54)

Miss I. ADAMSON

Miss M. COOLING.

*School Nurses—*

Miss H. M. SCARLETT.

Mrs. A. C. NICHOLSON.

Mrs. J. MARSH.

Mrs. E. HEWSON.

Mrs. M. WALMSLEY.

Mrs. M. MAULTBY (part-time)

*Clinic Nurses—*

Miss F. J. WYATT, Mrs. M. OLDFIELD, (part-time, res. 25-9-54)

Mrs. G. WHITEHALL, (part-time). Mrs. M. MILLS, (part-time)

*Dental Staff—*Miss P. HART *Oral Hygienist.*

Miss R. HENFREY, Miss M. CASWELL, Miss M. ADLETT.

*Clerical Staff—*

Miss A. ROBERTS, Mrs. J. PIPER, (res. 31-8-54), Miss S. BRIGGS.

Miss A. DUFTON.

## FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1954, was 15,616 compared with 15,095 the previous year.

**Nutrition.**—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically inspected was made under the designation "general condition." From the examining medical officer's point of view this seems to have the advantage of emphasising that the assessment is not of the physique of the child, but of its actual well-being at the time of examination.

"General condition" is assessed under the headings—A. (good), B. (fair) and C. (poor). Of the 4,865 children who were medically inspected 3,719 or 76.5% were classified A; 1,121 or 23.0% were classified B; and 25 or 0.5% were classified C.

At the end of the year 3,902 were paying for school dinners, and 387 children were receiving them free. The total number of children drinking school milk was 13,530 each day.

**Uncleanliness.**—Total inspections numbered 31,515, and the number of individual children found to be unclean was 838.

At routine school medical inspections 142 children out of 4,865 examined showed evidence of louse infestation.

Facilities are available at the school clinic for disinfecting those children who repeatedly turn up at school in a verminous condition. A nurse is in daily attendance, and a D.D.T. preparation is issued free to parents with full instructions as to how to carry out the necessary treatment.

Examinations are carried out at regular intervals at the various schools by the school nurses. Statutory notices are then issued to parents where indicated.

One hundred and nine necessitous children were supplied with clothing to the total value of £364.

**Diseases of the Skin.**—The incidence of scabies and all skin diseases found at routine medical inspections during the last three years is shown in the accompanying table.

	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1949	1950	1951	1952	1953	1954
All skin diseases ...	20.5	5.4	13.3	11.5	5.9	9.6
Scabies ...	0.83	0.67	0.0	0.0	0.3	0.8

A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the school clinic during the same six years.

Disease.	1949	1950	1951	1952	1953	1954
Ringworm (scalp) ...	2	—	—	—	—	—
Ringworm (body)	1	—	—	2	—	—
Scabies ...	41	3	—	—	7	48
Impetigo ...	38	24	34	29	20	31

**School Clinic.**—The school clinic is situated in Burgess Street, corner of Upper Spring Street, and is open daily from 9 a.m. to 5-15 p.m., Saturdays 9 a.m. to 12 noon. Minor ailment clinics are held every morning. Refraction clinics are held on Tuesday afternoons weekly throughout the year by Dr. E. Hainsworth, visiting ophthalmologist to the authority. Cardiac clinics are held at intervals during the year by Dr. J. W. Brown, the consultant physician.

The figures for attendance at the school clinic were as follows:—

Total attendances—5,483.

Special inspections—402 (cases seen by medical officer).

Re-inspections—159 (cases seen at the clinic).

626 were dealt with by one or other of the nurses in attendance and not seen by the medical officer.

**Defects of Vision and Diseases of the Eye.**—Out of a total of 548 attendances 342 children (of which 149 were new cases) had refraction carried out; 295 had glasses prescribed and 281 obtained glasses. In addition 13 cases of eye diseases were referred from the school clinic during the year.

**Diseases of the Ear, Nose and Throat.**—Mr. Spencer Harrison held a special clinic every fourth Wednesday in order to see all cases referred by the local authority at the Grimsby General Hospital. The most urgent cases were not kept waiting but were referred separately.

**Nose and Throat Defects.**—The number of cases found at routine and special inspections to require treatment was 139.

These were classified as follows:—

Chronic tonsillitis .. .. .	24
Adenoids only .. .. .	9
Chronic tonsillitis and adenoids .. .. .	80
Other conditions .. .. .	26

Nasal hygiene was advised when required under the supervision of the senior clinic nurse. Successful results were obtained in all types of cases showing catarrhal conditions of the nose and throat.

In addition 29 new cases (290 attendances) were treated for otorrhoea and chronic otitis media, making a total attendance of 319.

**Group Audiometry.**—Work progressed very well in the past year and most hearing tests held over from the previous year have now been carried out. The attendance of the age group required (9-10 years) has been extremely good, thus very few children have missed their routine test. It is interesting to note that parents are becoming hearing-conscious with regard to their children, and requests are made from time to time for testing. This is very helpful as it enables treatment to be carried out at an early stage before the defect has had time to develop and seriously retard school education. The figures for all these cases are tabulated below:—

Total number of routine cases tested .. .. .	1,317
Special cases of variable age .. .. .	10
Total number found defective .. .. .	94
„ „ „ „ after re-testing .. .. .	20
„ „ examined at school clinic—new cases .. .. .	20
„ „ examined at school clinic—old case .. .. .	1
„ „ referred to E.N.T. specialist .. .. .	14
„ „ attending private doctor .. .. .	2
„ „ refused or failed to attend .. .. .	2
„ „ discharged after treatment .. .. .	2

**Heart Diseases and Rheumatism.**—8 consultative cardiac clinics were held during the year. 64 cases (of which 22 were new) made a total of 96 attendances.



# SCHOOL HEALTH AND HANDICAPPED PUPILS REGULATIONS, 1954.

(As on December 1st, 1954).

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind ... ..	—	3	—
Partially sighted ...	2	1	—
Deaf ... ..	—	10	2*
Partially deaf ...	—	5	—
Educationally sub-normal ...	37	33	—
Epileptic ... ..	5	1	1
Maladjusted ...	—	3	—
Physically handicapped	1	3	4*
Speech defect ...	—	—	—

\* One under compulsory school age. \*\* Receiving home tuition.

**Infectious Diseases.**—No school or department was closed on account of communicable diseases during 1954.

The incidence of notifiable diseases in children aged 5 to 15 was as follows, the figures in brackets indicating the number notified in 1953:—

Scarlet fever 83 (115); measles 16 (657); whooping cough 78 (192); chicken pox 520 (661); diphtheria 0 (1); dysentery 12 (128); pneumonia 6 (3); food poisoning 4 (1); acute rheumatism 15 (8).

In addition 21 children of school age were notified under the Public Health (Tuberculosis) Regulations of 1952. Of these 12 were classified as pulmonary and 9 as non-pulmonary cases. The previous year accounted for 18 new cases.

**Mass Radiography.**—During the year under review the Lincolnshire Mass Radiography Unit carried out a chest survey on school children who were aged 13 years and over; and 1,818 boys and 2,147 girls were X-rayed on miniature film. It was necessary for the Unit to recall 54 of these children to have a large film taken.

**Protection against Diphtheria.**—During the year 1,084 children under 5 years of age and 1,482 children of school age completed the series of inoculations for diphtheria immunisation. Reinforcing injections were given to 4,851 children.

Formerly no attempt had been made to carry out immunisation in schools on such a large scale, and consequently the number of children requiring immunisation was high. Special sessions were conducted at school premises and now that the arrears have been made up these will be continued as a routine each year.

This year's figures are by far the highest on record and a full report will be given in the annual report of the medical officer of health.

**Employment Certificates.**—Certificates were issued to 209 school children who were engaged in particular employment after school hours.

#### DENTAL SERVICE.

Mr. Donald W. Hunt, L.D.S., R.C.S. (Eng.), principal dental officer, presents the following report:—

I have pleasure in submitting a report on the dental services provided for children and expectant and nursing mothers by the County Borough of Grimsby during the year 1954.

There are approximately twenty three thousand members of these "priority classes" within the Borough; for which the professional staff available remained unchanged during the year and amounted to two whole time dental officers and one whole time oral hygienist, with the valued assistance on two sessions per week of a part-time medical anaesthetist.

No applications were received in response to advertisements for additional dental officers, and the dental service remained therefore in a seriously understaffed condition.

Some 4,000 school children received a dental inspection during the year, and almost two thousand more attended the clinics as "specials." Most of these latter were children suffering from toothache, and few of them had more treatment than was necessary for the relief of pain.

The comparative figures for routine inspection and special patients for previous years are interesting in this respect:—

	1949	1950	1951	1952	1953	1954*
Routine	600	560	1,944	2,302*	3,234	4,137
Specials	1,834	2,106	1,606	1,578	1,733	1,839

\* Second dental officer appointed during this year.

The number of toothache cases remains at much the same level each year, but there are substantial increases in the number of children rendered dentally fit following a school dental inspection.

Some progress is therefore being made, but this is more a reflection of improved efficiency within the service getting more work done than in any improvement in the dental condition of the school children as a whole.

It is true that more children are made dentally fit each year, but some other children have been yet one more year without any treatment and consequently have even more dental decay and liability to toothache. The gain on the swings is lost on the roundabouts, and this frustrating state of affairs will continue until it becomes possible to recruit more dental officers.

The present lack of recruits to the public dental service is probably a reflection of the shortage of dental surgeons in all spheres of practice; and is partly due to the fact that young graduates in the profession know more of the shocking working conditions, status, and remuneration of the public dental service in the very recent past than they do of improved conditions pertaining at the present time. My own advice to any newly qualified dental surgeon would now be to gain experience for a year as an assistant in practice under the National Health Service, followed by a year as school dental officer with a recommended local authority.

At the end of this time he should compare his experiences in both spheres considering such things as conditions of service, remuneration, clinical freedom, scope of professional work, team work as opposed to professional isolationism, and opportunities for research, study, and further professional training. Let him then choose his life's work—not all will choose alike, but the public dental service would I am sure soon gain the additional staff it needs so much.

A further point emerging from the statistical table on page 111 is the fact that the number of extractions performed rose by three thousand compared with 1953 whilst the number of teeth filled fell by some five hundred. This is partly an indication of the deteriorating conditions found in children not previously dentally inspected at school, and partly due to the fact that a preponderance of junior schools were visited during the year. Thus the increase in extractions relates largely to deciduous teeth, and the decrease in fillings to permanent teeth.

Seventy seven per cent. of children examined at school were found to require treatment and at the end of the year eighty seven per cent. of those needing treatment had actually been completed.

The amount of treatment given to expectant and nursing mothers and pre-school children again showed a useful increase. Most of these patients are referred by their medical practitioner or from the maternity and child welfare clinics, but there is an increasing tendency for these classes of patients to attend voluntarily and without direct reference from any particular source. This is to be welcomed as an indication that the services provided by the dental clinics are becoming better known to the general public.

Mention was made in the report for 1953 of an investigation being made into paradontal diseases of school children. Shortage of staff has made it even more difficult than was expected to devote much time to this work, but the task has been one of absorbing interest and it is felt that much useful information and experience has already been obtained.

To date 95 children with an established paradontal condition requiring treatment have been studied extensively in two ways; (1) for the presence and extent of certain known pre-disposing factors, and (2) for the extent of the clinical features of the disease.

Headings under (1) include sex, age, condition of tonsils, state of oral hygiene, presence and extent of traumatogenic occlusion, and the need or otherwise of orthodontic treatment. 53 of the cases studied were male and 42 female; the youngest child was 8 years of age and the oldest 17.

Tonsillar conditions were classified as follows:—

- A. Tonsils present and healthy . . 45 cases
- B. Tonsils needing attention . . 13 cases
- C. Tonsils removed by operation . . 37 cases

Expert opinion on these tonsils was not sought, the fact that 50 out of 95 cases were quite obviously not normal seemed to preclude any need for greater accuracy in assessment at this stage.

Oral hygiene as practiced by the patient was considered simply as either satisfactory or otherwise.

Satisfactory 38.                      Unsatisfactory 57.

Traumatogenic occlusion was very difficult to estimate. This subject belongs very much to the realm of personal opinion, and personal opinion is therefore the basis of the table below:—

- A. Cases considered free from traumatogenic occlusion 66
- B. Cases with localised traumatogenic occlusion . . 9
- C. Cases with generalised mild traumatogenic occlusion 9
- D. Cases with generalised and severe traumatogenic occlusion . . 9

Three cases defied classification.



Occlusion and orthodontic classification were established in each case; but it was felt that this time consuming procedure was not producing much of value, and in future occlusion will be classified either as satisfactory or as requiring orthodontic treatment.

On this basis results to date are:— Satisfactory .. 46  
Requiring treatment .. 49

The caries experience of all cases studied was also tabulated on the usual D.M.F. index (decayed, missing, and teeth filled) but results obtained in this way appeared to be misleading in this particular concept, and the following "points" system was substituted.

Occlusal cavities .. .. 1 point  
Compound cavities .. .. 2 points  
Extracted or needing extraction—3 points

Results of tabulation in this way are given below:—

No caries.. .. 25 cases  
Up to 2 points .. .. 41 cases  
Three to five points .. .. 25 cases  
Six to nine points .. .. 4 cases  
More than nine points .. 0 cases

These figures are felt to be truly remarkable, and most certainly indicate a far lower caries experience in the children with paradontal disease than that found in the child population as a whole.

Clinical features (2) were tabulated in respect of appearance of the gingivae, presence or absence of tenderness and haemorrhage, the amount and type of deposits present, and the depth of pockets formed.

Some pain was experienced by 64 patients, and was usually described as a dull ache of non-persistent character. Only 6 of the 95 patients studied did not exhibit papillary fragility with resultant haemorrhage, and these 6 had other features in common now subject to further study.

Some calculus was present in all cases and was classified according to (A) type and (B) severity of deposit.

A. Salivary calculus present .. 7 cases  
Seruminal calculus present 35 cases  
Both types together .. 53 cases  
B. Slight deposits .. .. 16 cases  
Moderate deposits .. .. 61 cases  
Heavy deposits .. .. 18 cases



Gingival pockets were measured with a calibrated blunt probe, but eleven cases were omitted from the tables as having sufficient gum destruction evident to make classification difficult. All measurements were made on the first visit and before any treatment had been commenced.

Pockets 1 m.m. in depth	..	..	..	6 cases
Pockets 1—2 m.m. in depth	..	..	..	37 cases
Pockets 2—3 m.m. in depth	..	..	..	26 cases
Pockets more than 3 m.m. in depth	..	..	..	15 cases

This preliminary survey is small in extent, but has been of value in establishing the procedure to be adopted as the investigation continues.

In conclusion I would like to express my thanks to the Local Authority for its active interest in the dental service, to the Director of Education and the Principal School Medical Officer and their staffs for their kindness and invaluable co-operation, and to my own staff for their willing and most efficient assistance.

### CHILD GUIDANCE SERVICE.

Mr. M. J. Tyerman, Educational Psychologist, gives the following report on the work of the Service during the year ending December, 1954.

**Staff.**—In September, 1954, Miss E. Davies took up duty as full-time Remedial Teacher/Psychological Tester replacing Mrs. K. Jackson, and in December Mrs. K. Sleight was transferred from the Education Office to act as Secretary-Receptionist. Mrs. C. E. Wilkinson, Secretary, resigned from the service of the Authority in July, 1954, and her temporary successor, Mrs. E. Keene, resigned in December.

The staff, therefore, consists of Mr. M. J. Tyerman, Educational Psychologist; Miss D. Pearson, Social Worker; Miss E. Davies, full-time Remedial Teacher; Mrs. D. M. H. Whiteley, part-time Remedial Teacher and Mrs. K. Sleight, Secretary-Receptionist.

Dr. J. Goodlad, Consultant Psychaitrist of Lincoln, has continued to attend two sessions weekly as a representative of the Regional Hospital Board. His advice and practical help is of the utmost value.

**Statistical Summary.—**

GRIMSBY

Number of children referred by year  
since Service inaugurated ...

1948	—
1949	116
1950	124
1951	127
1952	105
1953	142
1954	174

**A. Cases closed, current and awaiting interview :—**

Number of children examined during 1954	...	148
Number of cases closed during the year	...	198
Number of cases current on 31st Dec., 1954	...	90
Number of children awaiting initial interview	...	16

**B. Particulars of children referred during 1954 :—**1—Number (excluding those requiring remedial  
teaching in schools) ... .. 174**2—Age at time of referral :—**

Below 5 years	<i>Pre-school</i>	10
5 but not 6	<i>Primary (Infant)</i>	10
6 but not 7		
7 but not 8	<i>Primary (Junior)</i>	23
8 but not 9		
9 but not 10		
10 but not 11	<i>School</i>	24
11 but not 12		
12 but not 13		
13 but not 14		
14 but not 15	<i>Secondary School</i>	7
15 and above		

**3. Sex.**

Boys 118                      Girls 56

As in previous years the peak ages are 7 and 10 and boys outnumber girls by 2 to 1.

**Reasons given for referral :—**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>%</i>
Mental or personality assessment	28	15	43	25
Difficult behaviour	30	17	47	27
Emotional problems	18	9	27	15
Educational guidance	9	3	12	7
Habit disorders	7	3	10	6
Failure to make progress at school	25	7	32	18
Various unclassified	—	2	2	1
Organic	1	—	1	1

**Source of referrals :—**

	<i>Grimsby</i>	%
Parents direct or through school ...	13	7
School through head teacher ...	82	48
Medical services through M.O.H. ...	4	2
L.E.A. officers ...	21	11
General practitioners or consultants ...	33	19
Children's Department or Magistrates through Children's Officer or M.O.H.	2	1
Probation office ...	9	5
Speech Therapist ...	6	5
Various unclassified ...	4	2

More than half the children seen were referred by teachers. This possibly reflects the attitude of the staff of the Centre, that they are members of a Schools Psychological Service which aims at all times to give to the schools every help possible.

**Cases from previous years dealt with in 1954 :—**

Number of children referred in 1953 but not interviewed until 1954 ...	15
Number of children interviewed in 1953 and still current on 1st January, 1954 ...	103

**C.—Details of referral interviews held :**

1—Number	156
2—Intellectual level of the 121 children who were tested :	
Ineducable/educationally	
subnormal (I.Q. below 70) ...	17
Dull ( „ 70— 84) ...	21
Low average ( „ 85— 94) ...	27
Average ( „ 95—104) ...	20
High average ( „ 105—114) ...	13
Superior ( „ 115—129) ...	19
Very superior ( „ 130+ ) ...	4
Not tested ...	35

**3—Recommendations made—**

(a) Regular treatment interviews with—				
Psychologist	...	...	...	31
Psychiatrist	...	...	...	8
Remedial Teachers	...	...	...	15
(b) Occasional interviews/supportive				20
(c) Report/Advice, excluding (d)				71
(d) Special educational treatment required				8

It is worthy of comment that in approximately half the cases no treatment was required but only advice, or in some cases, official reports. Frequently a frank discussion of problems and advice on how they may be overcome is valuable in preventing serious difficulties from arising and in freeing a parent or child from worry. This preventive aspect of the work and the removal of anxiety, is perhaps the most valuable.

**4—Problem cleared by time of appointment** 3**D—Analysis of interviews—** 3203

1—Interviews with children by:					1571
(i) Psychologist	...	...	...	...	312
(ii) Psychiatrist	...	...	...	...	132
(iii) Social Worker	...	...	...	...	241
(iv) Remedial Teachers	...	...	...	...	886
2—Interviews with parents by:					856
(i) Psychologist	...	...	...	...	303
(ii) Psychiatrist	...	...	...	...	133
(iii) Social Worker	...	...	...	...	385
(iv) Remedial Teachers	...	...	...	...	35
3—School visits or other contacts by:					371
(i) Psychologist	...	...	...	...	239
(ii) Social Worker	...	...	...	...	64
(iii) Remedial Teachers	...	...	...	...	68
4—Home visits by:					405
(i) Psychologist	...	...	...	...	87
(ii) Social Worker	...	...	...	...	317
(iii) Psychiatrist	...	...	...	...	1
(iv) Remedial Teachers	...	...	...	...	—

There has been a considerable increase over previous years in the overall number of interviews and visits. The figures have been almost doubled.

**E—Closures during 1954—***Grimsby*

1—Total number of cases closed ... .. 198

## 2—Reasons for closure—

(a) No treatment. Diagnosis followed by report, recommendation or advice ... 65

(b) Child transferred to another department or out of the area ... .. 24

(c) Parents did not wish for treatment ... 19

(d) Problem cleared by time of initial interview ... .. 3

(e) Treatment, supervision or advice cases followed up and found suitable for closure ... .. 87

**F—Lectures Given—**

Educational Psychologist ... .. 4

Social Worker ... .. 1

**G—Composition of Case Load on 31st December, 1954—**

1—Total number of children ... .. 90

2—(a) Number of children awaiting initial interview ... .. 16

(b) Number of children whose treatment has been discontinued or who do not require treatment but whose progress requires following up ... 28

(c) Number of cases (excluding "follow ups") receiving intensive treatment from :  
Psychologist ... .. 17  
Psychiatrist ... .. 14  
Remedial Teacher ... .. 10  
Social Worker ... .. 5

(d) Number of children concerning whom information is awaited before action is taken ... .. —

3—Number of children referred before 1st January, 1954, but still current on 31st December, 1954 ... .. 30

Number referred in 1954 and still current (including follow ups and children awaiting appointment) ... .. 60



### SPEECH THERAPY.

This report covers the period from September 1st to December 31st, 1954, and is concerned mainly with the re-organisation of the Speech Therapy Clinic after an interval of two and a half years.

In March, 1952, when the previous Speech Therapist left, 82 cases were either being, or waiting to be treated. Of these, 14 children are now receiving treatment. The remaining 68 cases were not re-opened and can be divided into the following six categories:—

(a)	Those over the age of 11 years .. ..	21 cases
	This age limit has to be imposed owing to the large number of referrals expected, but exceptions were made in some cases.	
(b)	Those speaking normally .. ..	12 cases
(c)	Those greatly improved .. ..	14 cases
(d)	Parents unwilling for further treatment	
	to be given .. ..	9 cases
(e)	Those attending Special Schools, etc. ..	8 cases
(f)	Those who have left the district.. ..	4 cases
	TOTAL .. ..	68 cases

Junior and Infant Schools were visited during the first few weeks and cases were referred by the Head Teachers. The children were then interviewed with one or both of their parents and a case history was taken. Several were considered unsuitable for Speech Therapy and some refused treatment or failed to keep appointments.

Letters were sent to the Head Teachers of senior schools explaining that at present it was not possible to treat children over the age of 11 years. Here again some exceptions were made. 124 cases were referred.

**Table I**  
**Sources of Referral:**

Head Teachers .. ..	111
Child Guidance Centre ..	9
Lincoln Hospital ..	3
Parents .. ..	1
	124

Table II.

**Disposal of Referrals:**

Now being treated	..	..	..	48
On observation	..	..	..	37
On waiting list	..	..	..	7
No treatment necessary	..	..	..	11
Discharged as unco-operative	..	..	..	2
Referred to other departments	..	..	..	3
Failed to keep appointments or refused treatment	..	..	..	13

**Discharged after treatment:**

Speech normal	..	..	..	3
				<hr/> 124 <hr/>

On case, now discharged, was found to have a rare physical abnormality of the palate requiring surgical treatment. Following this, speech rapidly became normal.

Children on observation are seen at intervals of 3 or 4 months and advice is given to parents on how to help them at home.

The largest proportion of children referred was between the ages of 5 years and 9 years. There is a better prognosis for this age group on the whole, than for the 11+ group, as the habit of defective speaking is less firmly established and response to treatment is quicker.

The total number of cases being treated, on observation or on the waiting list for regular appointments at the end of December was 107. This number includes 93 new referrals and 14 re-opened cases.

Table III

**Types of Defect found:**

	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Retarded speech and language development .. ..	1	21	22
Dyslalia .. ..	6	36	42
Stammer .. ..	2	23	25
Cleft palate speech .. ..	2	8	10
Excessive nasality .. ..	1	2	3
Deafness (partial) .. ..	—	1	1
Other defects .. ..	2	2	4
	<hr/> 14 <hr/>	<hr/> 93 <hr/>	<hr/> 107 <hr/>

It is usual to have more boys than girls referred with speech defects, but this ratio is somewhat higher than has previously been found in Grimsby.

**Visits:**

Visits to Schools	..	..	43
Home Visits	..	..	3
Hospital	..	..	1
			<hr/>
			47
			<hr/>

A meeting of the Midland Area of the College of Speech Therapists in Nottingham was also attended.

Ear, nose and throat examinations are being arranged in January, 1955, for all children attending the speech clinic who have not been referred by a doctor. The Medical Officer of Health has kindly offered the services of two of his assistants for this purpose.

This is necessary as the Speech Therapist, a Medical Auxiliary, must work in co-operation with a doctor.

**FURTHER STATISTICS.**

In first 5 weeks — 137 appointments were kept  
40 were not

Total appointments referred 177  
from October 11th 456 appointments were kept

Total appointments kept 633

Average attendance since October 11th, 41.5=62.9%  
— low owing to 'flu epidemic.

**Ages of children at time of referral.**

		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
<b>Under 5</b>		3	1	4
5—6	} Infant Schools	27	2	29
6—7		15	3	18
7—8	} Junior Schools	16	2	18
8—9		14	2	16
9—10		10	—	10
10—11		3	—	3
11—12	} Secondary Schools	1	—	1
12—13		—	1	1
13—14		1	1	2
14—15		2	1	3
15 +		1	1	2
		<hr/>	<hr/>	<hr/>
		93	14	107
		<hr/>	<hr/>	<hr/>

## PHYSICAL EDUCATION.

*(Report by Mr. L. R. G. Welham, Organiser of Physical Education.)*

Steady progress continues to be made in all branches of P.E. undertaken in the schools. Improvements have been extended in the facilities available in both primary and secondary schools and a greater variety of equipment has enabled teachers to organise their P.E. lessons to the best advantage of the children.

**Primary Schools.**—The introduction of Climbing and Agility apparatus has been a great success, with the result that a new stimulus has been added to the P.E. for both teacher and pupil. This form of apparatus has assisted in the development of initiative and self-reliance while at the same time providing a challenge to the courage of the individual.

The B.B.C. lessons again provided an interesting and popular form of P.E. with the infants and younger juniors and many schools included this type of lesson in their schemes.

National Folk Dancing was taken in many schools and Maypole dancing was again a feature in some junior school work.

A general, all round games training was given and the upper classes of most schools were able to make visits to playing fields for this purpose. Old Cleve Primary School field was brought into full use by that school. Most schools had their playgrounds marked to assist in the games training of the lower classes.

**Secondary Schools.**—The new gymnasium at Chelmsford S.M. Girls' School was brought into use, providing the girls of this school with the best equipment and facilities available for P.E.

Chapman Street hall was converted from a canteen into a gymnasium for Armstrong Boys and will add greatly to the amenities for P.E. for this school and for the youth of this area.

Games training was carried out through the year. Association football in winter and cricket in summer continued to be the main boys' game, while netball and tennis were played extensively by the girls. Tennis became more popular with the older boys and an extension of facilities for this game may eventually merit consideration.

The long period of wet weather during the Autumn Term made the playing of hockey almost impossible and little improvement in this game can be recorded.

The Annual Sports Day was held at Clee Fields and several records were broken in the athletic events.

A record number of teams entered for the annual cross-country race which was held at Scartho in appalling weather.

**Swimming.**—The boys' swimming was considerably interrupted owing to the long illness of the instructor, Mr. H. Jackson, and it was not until a temporary appointment was made in June that swimming was again regularly taken.

The number of pupils on the swimming registers for the year was 1,986 (936 girls, 1,050 boys).

465 girls and 176 boys learned to swim during the academic year September 1953—July 1954. The total number of swimmers was approximately 574 girls and 685 boys i.e. 63.4% of those attending.

The Eleanor Street Bath was again extensively used in the evenings by Youth Clubs and the Schools' Sports Association and Youth Federation organised their annual galas. These were held at the Orwell Street Baths.

**Playing Fields.**—The usage of the playing fields continues to be very heavy. Several thousand football games and matches were held during the winter seasons and the fields got very little rest. A re-organisation in the lay-out of pitches at Clee Fields provided more pitches and at the same time lessened the wear by dispersing the games.

The new Secondary Schools at Chelmsford Avenue were allotted their playing field areas and a start was made in their permanent lay-out.

The playing fields remained in excellent playing condition with the exception of Highfield where extensive draining was commenced as these fields suffered severely from flooding.

**Teachers' Courses and Classes.**—Four courses were held—cricket and tennis (jointly with women) for men, and hockey and athletics for women. With the exception of the cricket course, the numbers attending were very disappointing.

Folk Dancing classes were again held at South Parade School during the Spring Term.

**Clee Fields Games Centre.**—The Games Centre was held at Clee Fields during the Summer Term and in spite of the weather, the numbers attending were very large. These games evenings provided healthy recreation in safety for boys and girls of 11 years of age and upwards.



TABLE I.

**Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).**

**A—PERIODIC MEDICAL INSPECTIONS.**

Age Groups inspected and Number of Children examined in each:—					
Entrants	...	...	...	...	1,794
Second Age Group	...	...	...	...	1,914
Third Age Group	...	...	...	...	959
Total	...	...	...	...	4,667
<hr/>					
Additional Periodical Inspections†	...	...	...	...	198
Grand Total	...	...	...	...	4,865

**B.—OTHER INSPECTIONS.**

Number of Special Inspections	...	...	...	402
Number of Re-inspections	...	...	...	159
Total	...	...	...	561

**C.—PUPILS FOUND TO REQUIRE TREATMENT.**

**Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment** (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected. (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIa (3)	Total individual pupils (4)
Entrants ...	9	340	264
Second Age Group ...	96	215	256
Third age group ...	82	62	114
Total ...	187	617	634
Additional Periodic Inspections†	3	11	13
Grand Total ...	190	628	647

† Children at special schools or who missed the usual periodic examination.

TABLE II.

## A—Return of Defects found by Medical Inspection.

Defect Code No.	Defect or Disease  (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
		(2)	(3)	(4)	(5)
4	Skin ... ..	28	167	127	—
5	Eyes— <i>a</i> Vision	190	369	2	—
	<i>b</i> Squint	25	100	—	—
	<i>c</i> Other	15	55	7	—
6	Ears— <i>a</i> Hearing	16	40	25	2
	<i>b</i> Otitis				
	Media	7	55	10	—
	<i>c</i> Other	6	34	12	—
7	Nose or Throat	117	422	22	—
8	Speech ... ..	14	45	—	—
9	Cervical Glands	51	294	—	—
10	Heart and				
	Circulation ...	12	52	—	—
11	Lungs ... ..	15	156	1	—
12	Developmental—				
	<i>a</i> Hernia ...	2	20	—	—
	<i>b</i> Other ...	8	80	—	—
13	Orthopaedic—				
	<i>a</i> Posture ...	—	35	3	—
	<i>b</i> Flat Foot	95	82	1	1
	<i>c</i> Other ...	24	107	1	1
14	Nervous System				
	<i>a</i> Epilepsy ...	2	8	—	—
	<i>b</i> Other ...	5	27	16	1
15	Psychological—				
	<i>a</i> Development	1	27	—	—
	<i>b</i> Stability ...	1	40	—	—
16	Other ... ..	184	293	175	1

B.—Classification of the general condition of pupils inspected during the year in the age groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,794	1,394	77.7	396	22.1	4	0.4
Second Age Group	1,914	1,430	74.7	471	24.6	13	0.7
Third Age Group	959	722	75.3	229	23.9	8	0.8
Other Periodic Inspections	198	173	87.4	25	12.6	—	—
Total	4,865	3,719	76.5	1,121	23.0	25	0.5

NOTE :—The figures in Column (2) should normally equal those detailed under Table I.A.

**TABLE III.**

**Infestation with Vermin.**

(i)	Total number of examinations in the schools by the school nurses or other authorized persons ... ..	547
(ii)	Total number of <i>individual</i> pupils found to be infested ...	838
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	719
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	82

TABLE IV.

Treatment of pupils attending maintained primary and secondary schools (including special schools).

**GROUP 1.—DISEASES OF THE SKIN** (excluding uncleanness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp ... ..	—	—
(ii) Body ... ..	—	—
Scabies ... ..	48	—
Impetigo ... ..	31	1
Other skin diseases ... ..	48	10
Total	127	11

**GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.**

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint ... ..	13	21
Errors of refraction (including squint)	342*	1,553
Total ...	355	1,574
Number of pupils for whom spectacles were—		
(a) Prescribed ...	295*	1,431
(b) Obtained ...	281*	1,330

**GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.**

	Number of cases treated.	
	by the Authority	otherwise
Received operative treatment—		
(a) for diseases of the ear ...	4	13
(b) for adenoids and chronic tonsillitis ... ..	85	365
(c) for other nose and throat conditions ... ..	8	49
Received other forms of treatment	133	—
Total ...	230	427

\* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

**GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

(a) Number treated as in-patients in hospitals ... ..	32	
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient depts.	by the authority	otherwise
	114	—

**GROUP 5.—CHILD GUIDANCE TREATMENT.**

Number of pupils treated at Child Guidance Clinics ... ..	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
	251	—

**GROUP 6.—SPEECH THERAPY.**

Number of pupils treated by Speech Therapists ... ..	Number of cases treated	
	by the Authority	otherwise
	110	—

**GROUP 7.—OTHER TREATMENT GIVEN.**

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	175	129
(b) Other than (a) above (specify)		
1—Respiratory System ...	1	17
2—Cardio-Vascular System ...	—	17
3—Alimentary System ...	—	105
4—Central Nervous System ...	2	3
5—Genito-Urinary System ...	16	25
Total ...	194	296



**TABLE V.—Dental Inspection and Treatment carried out by the Authority.**

1.	Number of pupils inspected by the Authority's Dental Officers—						
	(a) Periodic	...	...	...	...	...	4,137
	(b) Specials	...	...	...	...	...	1,839
				Total (1)	...	...	<u>5,976</u>
2.	Number found to require treatment	...	...	...			4,599
3.	Number offered treatment	...	...	...	...		4,560
4.	Number actually treated	...	...	...	...	...	3,961
5.	Attendances made by pupils for treatment	...	...				<u>5,708</u>
6.	Half-days devoted to : Periodic Inspection	...	...				32
	Treatment	...	...	...			948
	Total (6)	...	...				<u>980</u>
7.	Fillings : Permanent Teeth	...	...	...	...		1,943
	Temporary Teeth	...	...	...	...		86
	Total (7)	...	...				<u>2,029</u>
8.	Number of teeth filled : Permanent Teeth	...	...				1,917
	Temporary Teeth	...	...				86
	Total (8)	...	...				<u>2,003</u>
9.	Extractions : Permanent Teeth	...	...	...	...		1,615
	Temporary Teeth	...	...	...	...		7,487
	Total (9)	...	...				<u>9,102</u>
10.	Administration of general anaesthetics for extraction	...					<u>2,475</u>
11.	Other operations : Permanent Teeth	...	...	...			2,007
	Temporary Teeth	...	...	...			1,199
	Total (11)	...	...				<u>3,206</u>

## WINTRINGHAM GRAMMAR SCHOOL.

Return of Defects found in the course of Medical Inspection.

<i>Defect or Disease</i>	<i>Routine Inspection.</i>			
	<i>Referred for Treatment</i>		<i>Referred for Observation</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Skin .. .. .	—	1	—	3
Eyes:—				
a. Vision .. .. .	15	6	18	20
b. Squint .. .. .	—	1	1	6
c. Other .. .. .	—	—	—	—
Ears:—				
a. Hearing .. .. .	—	—	—	—
b. Otitis Media .. .. .	—	—	—	2
c. Other .. .. .	—	—	—	—
Nose and Throat .. .. .	—	1	—	11
Speech .. .. .	—	—	—	1
Cervical Glands .. .. .	—	1	—	3
Heart and Circulation .. .. .	1	—	—	3
Lungs .. .. .	—	1	—	2
Developmental:—				
a. Hernia .. .. .	—	—	—	—
b. Other .. .. .	—	—	—	8
Orthopaedic:—				
a. Posture .. .. .	—	—	—	—
b. Flat foot .. .. .	—	—	—	3
c. Other .. .. .	—	2	—	2
Nervous System:—				
a. Epilepsy .. .. .	—	—	—	—
b. Other .. .. .	—	—	—	—
Psychological:—				
a. Development .. .. .	—	—	—	1
b. Stability .. .. .	—	—	—	1
Other .. .. .	7	3	—	21

At the Wintringham Grammar School 110 boys and 148 girls (age groups 11 to 19 years) were examined at routine medical inspections. Of these 18 boys and 15 girls were found to require treatment.



